# L240000 55230

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## **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT: TR	Explores	arning L. L.C.		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		Name of Person	J	
		TRC Explore	es LLC	
	2388 Oakwoo	ad Preserve D	r	ZEPLYFEB 14 PK 3: 05
	Wesley	Chapel, FL	33543	TRANS
	E-mail address:	City/State and Zip Code  Hereading Color to be used for future annual report	rnen, org	3: 05
For further information cor	ncerning this matter, please ca		_	
Andy GA	leen	at ( <u>813)</u> 43	6-642	4
J Name of I	'erson	Area Code Daj	ytime Telephone Number	
Enclosed is a check for the	following amount:			
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

01	_ l_earning
TRC	Explores L.L.C.
(Name of the Limited Liability Company	as it now appears on our records.)
(A Florida Limited Lia	(Bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 24000055 230</u> .	rere filed on 130 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability TRC Explorers L.L.C.	
The new name must be distinguishable and contain the words "Limited Liability	Company. The designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	SAME ES
	<del>-</del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>_</u>
	Sane : 5
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	ffice Address:  Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I am familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
			□Remove
			Change
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			☐Add ☐Remove
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Effective date, if other fan effective date is listed Note: If the date insert document's effective date.	d, the date must be speci ted in this block does	ific and cannot be prior to s not meet the applicab	date of filing or more that le statutory filing requ	(option on 90 days after the direments, this	iling.) Pursuant to t	605.0207 listed as
record specifies a dela d is filed.	ayed effective date. b	out not an effective time	e, at 12:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
Dated 2-7-	2024	<del></del> , - <u></u> -				
	Sionator	re o <del>f a member or anthori</del> .	od representative of a re	ember		