Florida Department of State Division 6

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEK RIDERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

8/25/2023 1/1 54:18 PDT To: 18506176383 Page 2/4 From, Registered Agents Inc Fax 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION,

· OF

TEK RIDERS LLC (Name of the Limited Lia) (A Flor	bility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on <u>06/0</u>	9/2022 and assigned	
Florida document number <u>F22000265314</u>			
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company hero	::	
The new name must be distinguishable and contain the words "I	umited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADd	DRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ords, <u>enter the name of the new registerec</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida su cet address		
	(10:	Florida	
	Cuy	Nib Com	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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To 18506176383

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From Registered Agents Inc.

Fax: 8134365206

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>	Name	Address	Type of Action
.Manager.	BROSTELLA, JUAN CARLOS	1513 Hartwick DR	🗆 Add
		SUN CITY CENTER, FL 33573	☑Remove
		<u> </u>	[]Change
Other	VANDERHELM, TIMMY A	1903 EL RANCHO DR	□Add
		SUN CITY CENTER, FL 33573	Z]Remove
		 	□ Change
	<u> </u>		□Add
			□Remove
			[TlChange
			□ Add
			□Remove
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			□Add
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			Fic hunga

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). If amending any c	other information, enter chan	ge(s) here: (Attach addit	ional sheets, if necessary.)	
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Note: If the date ins	ther than the date of filing:	the applicable statutory filir	(optional) more than 90 days after filing.) Pursuant to 0 ng requirements, this date will not be 1	505,0207 (3)(b) isted as the
the record specifies a decord is filed.	lelayed effective date, but not an e	effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day a	fter the
Dated August 25	. 20	223		

8/25/2023 41 54:18 PDT

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Signature of a member or authorized representative of a member

Typed or printed name of signee

Room Jones