## L20000144661

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| Certified Copies          | Certificate       | s of Status |
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| Special Instructions to F | Filing Officer:   |             |
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## **COVER LETTER**

|   | Registration Section Division of Corporations |  |   |  |  |
|---|---|--|---|--|--|
| SUBJECT:                                      | Team RNA                                      | LLC  |   |  |  |
| SUBJECT                                       |   | Name of Lin  | ited Liability Company  |  |  |
| The enclosed                                  | d Articles of                                 | Amendment and fee(s) are sub                         | mitted for filing.  |  |  |
| Please return                                 | n all correspo                                | ondence concerning this matter                       | to the following:   |  |  |
|   |   | Rasheem Edward                                       |   |  |  |
|   | Name of Person                                |  |   |  |  |
|   |   | Zenbusiness Inc.                                     |   |  |  |
|   | Firm/Company                                  |  |   |  |  |
|   | 336 E. College Ave Suite 301                  |  |   |  |  |
|   |   |  | Address   |  |  |
|   |   | Tallahassee, FL 32301                                |   | ਾਹ<br>ਹ  |  |
|   |   | City/State and Zip Code                              |   |  |  |
|   |   | fulfillment@zenbusiness.co                           |   |  |  |
| For further is                                | nformation c                                  | E-mail address: (<br>oncerning this matter, please c | to be used for future annual report notifica<br>all:                | ution)   |  |
| Zenbusiness                                   | the c/o Rast                                  | neem Edward  | 844 4936249<br>at ( )   |  |  |
|   | Name o  | f Person   |   | elephone Number  |  |
| Enclosed is a                                 | a check for th                                | ne following amount:                                 |   |  |  |
| ■ \$25.00 F                                   | Filing Fee                                    | S30.00 Filing Fee & Certificate of Status            | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|   | iling Addres                                  |  | <u>Street Address:</u><br>Registration Secti                        | on   |  |
| Registration Section Division of Corporations |   |  | Division of Corpo   |  |  |
| P.O. Box 6327                                 |   | 7  | The Centre of Tal   | lahassee   |  |
| Tallahassee, FL 32314                         |   | 1. 32314   | 2415 N. Monroe S  | street, Suite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ream KNA LLC   |  |                |              |                |
|--|--|----------------|--------------|----------------|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li   | y as it now appears on our records.)<br>ability Company) |                |              |                |
| The Articles of Organization for this Limited Liability Company velocida document number $\frac{1.20000144661}{1.20000144661}$ . | were filed on <u>5/28/2020</u>                           | ar             | nd assig     | ned            |
| This amendment is submitted to amend the following:  |  |                |              |                |
| A. If amending name, enter the new name of the limited liabil  | ity company here:  |                |              |                |
| The new name must be distinguishable and contain the words "Limited Liability  | y Company," the designation "LLC" or                     | the abbreviati | on "L.L.     | C."            |
| Enter new principal offices address, if applicable:  |  |                | ·~.          | <del></del>    |
| Principal office address MUST BE A STREET ADDRESS)   |  | <u> </u>       | ∑:<br>———    | <u> ১ল</u> ম্ম |
|  |  | · <u>-</u>     | :57<br>-0    | • fj<br>ε.π. ⊃ |
|  |  |                | . <u>.</u> - |                |
| Enter new mailing address, if applicable:  |  | , .<br>1.1     |              | ्र हो<br>स्थल  |
| Mailing address MAY BE A POST OFFICE BOX)  |  | (10)<br>TT     |              | *ions#         |
| THINING HABITESS THE BETTE COT OF THE BOTT   |  |                | ည်           |                |
| 3. If amending the registered agent and/or registered office adagent and/or the new registered office address here:              | ldress on our records, enter the                         | name of th     | e new        | register       |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · ·                    | ***            |              |                |
| New Registered Office Address:   | Enter Florida street address                             |                |              |                |
|  | , Florid   | la             |              |                |
| <del></del>  |  | Zip i          | Code         |                |

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

Thomas DATA TILC

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

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

| Title | <u>Name</u>     |      | <u>Address</u>                                  | Type of Action  |
|-------|-----------------|------|---|---|
| AMBR  | Guilherme Penna |      |   | _ □Add  |
|       |                 | 1040 | Seminole Drive apt 253 Fort Lauderdale, FL 3330 | 4 ≣ Remove  |
|       |                 |      |   | _ □Change   |
| AMBR  | Alex Penna      | 1040 | Seminole Drive apt 253 Fort Lauderdale, FL 3330 | <u>4</u>  |
|       |                 |      |   | _ □Remove   |
|       |                 |      |   | _ □Change   |
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|       |                 |      |   | _ □Change   |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day-after the record is filed. Dated 3/22 /s/Alex Penna Signature of a member or authorized representative of a member Alex Penna Typed or printed name of signee