

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L2200026187314**

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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 : (855)330-1010

**\*\*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 |

2022 AUG -3 AM 11:25

FILED  
2022 AUG -3 PM 12:50  
FLORIDA

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Corporate Filing Menu

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AUG -4 2022

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Tek Riders LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/09/2022 and assigned  
Florida document number L22000265314.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Registered Agents Inc.

New Registered Office Address:

7901 4th St N STE 300

Enter Florida street address

St. Petersburg

City

Florida

33702

Zip Code

**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.*

FILED  
2022 AUG - 3 PM 12:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>               | <u>Address</u>                   | <u>Type of Action</u>                   |
|--------------|---------------------------|----------------------------------|---|
| <u>MGR</u>   | <u>Timmy A Vanderhelm</u> | <u>1903 El Rancho Dr</u>         | <input checked="" type="checkbox"/> Add |
|              |                           | <u>Sun City Center, FL 33573</u> | <input type="checkbox"/> Remove         |
|              |                           | <u></u>                          | <input type="checkbox"/> Change         |
| <u></u>      | <u></u>                   | <u></u>                          | <input type="checkbox"/> Add            |
|              |                           | <u></u>                          | <input type="checkbox"/> Remove         |
|              |                           | <u></u>                          | <input type="checkbox"/> Change         |
| <u></u>      | <u></u>                   | <u></u>                          | <input type="checkbox"/> Add            |
|              |                           | <u></u>                          | <input type="checkbox"/> Remove         |
|              |                           | <u></u>                          | <input type="checkbox"/> Change         |
| <u></u>      | <u></u>                   | <u></u>                          | <input type="checkbox"/> Add            |
|              |                           | <u></u>                          | <input type="checkbox"/> Remove         |
|              |                           | <u></u>                          | <input type="checkbox"/> Change         |
| <u></u>      | <u></u>                   | <u></u>                          | <input type="checkbox"/> Add            |
|              |                           | <u></u>                          | <input type="checkbox"/> Remove         |
|              |                           | <u></u>                          | <input type="checkbox"/> Change         |
| <u></u>      | <u></u>                   | <u></u>                          | <input type="checkbox"/> Add            |
|              |                           | <u></u>                          | <input type="checkbox"/> Remove         |
|              |                           | <u></u>                          | <input type="checkbox"/> Change         |

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Riley Fair  
Signature of a member or authorized representative of a member

Riley Park  
Typed or printed name of signer

**Filing Fee: \$25.00**