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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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## DocuSign Envelope ID: 061EDD09-1E10-4F6A-B43E-A4403AB6F9B2 COVER LETTER

TO: Registration So Division of Con						
	RESISTANCE LLC					
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
	Amendment and fee(s) are sub	-				
	Joan Tavera					
		Name of Person				
	Riddim Resistance					
		FirmCompany	<del></del>			
	1505 W Tharpe St APT 17	723B				
		Address				
	Tallahassee, Florida 32303	:				
	joao@riddimresistance.com	City/State and Zip Code  to be used for future annual repor	Leatilieshooy			
For further information of	concerning this matter, please c		(All Marie and All All All All All All All All All Al			
Joao Tavera		786 587-051	75			
Name (	of Person	Area Code D	aytime Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address	v	Steamt Addres				

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2026	WH 20 AM II: 25
ny as it now appears on ou	r records.)
	, TATE
were filed on October ?	11, 2022 and assigned
ility company bere:	
hty Company," the designati	on "LLC" or the abbreviation "L.L.C."
<del></del>	
address on our records	, enter the name of the new registered
Enter Florida stre	et address
City	, Florida Zip Code
	were filed on October 2  Were filed on October 2  Were filed on October 2  Were filed on The designation of

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

DocuSign Envelope IO: 061EDD09-1E10-4F6A-B43E-A4403AB6F9B2 rr amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:	opiicabie sta	of filing or more th	(option an 90 days after fi uirements, this c	i <b>al)</b> ling.) Pursuant to 6 late will not be li	05.0207 (3 sted as th
he record specifies a delayed effective ord is filed.	e date, but not an effecti	ive time, at 1	12:01 a.m. on th	e earlier of: (b)	The 90th day at	ter the
	2024					
Dated		·	—DocuSigned by	<b>,</b>		
Dated	·		Jac.	>		
Dated	Signature of a member or	authorized re	Jac.	nember		

Filing Fee: \$25.00