L22 000 536 AG

| (Requestor's | Name) |
|------------------------------------|-----------------------|
| (Address) | |
| (Address) | |
| (City/State/Z | ip/Phone #) |
| PICK-UP V | VAIT MAIL |
| (Business E | ntity Name) |
| (Document I | Number) |
| Certified Copies Ce | ertificates of Status |
| Special Instructions to Filing Off | ficer: |
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COVER LETTER

| | Registration Se Division of Cor | | | |
|-------------|---|--|--|--|
| SUBJECT | Riot Balls I | LLC | | |
| SUBJEC | l; | Name of Lim | nited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please rett | ım all correspo | ondence concerning this matter | to the following: | |
| | | Henry Badaan | | |
| | | | Name of Person | |
| | | | Firm/Company | . 周 |
| | | 3901 W Platt St | | 7673 J. 31 |
| | | | Address | |
| | | Tampa, Fl 33609 | | |
| | | henrybadaan@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifi | |
| For further | r information co | oncerning this matter, please c | all: | |
| Henry Bac | daan | | 305 206-6022 at () | |
| | Name of | f Person | Area Code Daytime | Telephone Number |
| Enclosed i | s a check for th | ne following amount: | | |
| \$25.00 | 0 Filing Fee | ☐ \$30.00 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) |
| R D P | Tailing Address Registration S Division of C CO. Box 632 Tallahassee, F | Section orporations 7 | Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 2 | orations Illahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Riot Balls LLC | | |
|--|---|--------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our record Liability Company) | <u>is.</u>) |
| he Articles of Organization for this Limited Liability Company | were filed on 12/23/2022 | and assigned |
| lorida document number L22000536146 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | 3901 West Platt St | ~. 7 |
| Principal office address MUST BE A STREET ADDRESS) | Tampa, FL 33609 | |
| | | |
| | | - |
| Inter new mailing address, if applicable: | 3901 West Platt St | |
| Mailing address MAY BE A POST OFFICE BOX) | Tampa, F1 33609 | ?: |
| | | N S |
| S. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records, <u>enter</u> | the name of the new regi |
| New Registered Office Address, | Enter Florida street addres | is |
| | , Flo | orida |
| | City: | 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.

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> | Type of Action |
|--------------|---------------|---|---|
| AMBR | Henry Badaan | 5408 Aloha Dr, St Pete Beach, FL 33706 | = Add |
| | | | □Remove |
| | | | □Change |
| AMBR | Andrea Badaan | 5408 Aloha Dr., St Pete Beach, FL 33706 | □Add |
| | | | □Remove |
| | | | ■Change |
| | | | Add · Control of the |
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| ctive date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statuto | |
| ment's effective date on the Department of State's records. | ., |
| | |
| ord specifies a delayed effective date, but not an effective time, at 12:0 | 1 a.m. on the earlier of: (b) The 90th day after the |
| filed. | |
| . / . 1 0 2 | |
| d_1/10/23 | |
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Typed or printed name of signee