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## COVER LETTER

Division of Corporations
SUBJECT: Details by Cindy LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cindy M. Rodriguez Name of Person
Details by Cindy LLC
16540 SW 137 +H Ave, Apt. 1233
MiAMi, FL 33177  City/State and Zip Gode
CindyZ. designs@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cindy M. Rodriguez at (786) 803-4057  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations P.O. Box 6327

TO: Registration Section

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	• :	•-
Details by C (Name of the Limited Liability (A Florida	indy LLC ty Company as it now appea (Limited Liability Company)	rs on our records.)	<del>i julli</del> 55
The Articles of Organization for this Limited Liability Co. Florida document number <u>L200002ZO15</u>		1/15/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit Radiante Creative LLC The new name must be distinguishable and contain the words "Limit Representation of the limit R			previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our r	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo.	rida strvet address	
	City	Florida	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			⊒Add
			Remove
			□Change
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			Change
			□Add
			□Remove
			□ Change

## Page 2 of 3

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:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filea.
Dated October 7 2024.
Dated October 7 2024.  Linds V Zodus  Signature of a member or authorized representative of a member
Cindy M. Rodriguez