121000349928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700371618447

3 (AHO: 01

DIVIDICALIASSEE FLORIDA

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/11/2021			₩WALK IN
ENTITY NAME Radiant L	LC		
DOCUMENT NUMBER			
	PLEASE FILE THE ATTAC	CHED AND RETURN	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
P[G FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amend	lments	
	Certificate of Good Standing		
	APOSTILLE' / NOTARH	AL CERTIFICATION	
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: I201600000	72
		-5 8 FM	
Please call Tina at the	above number for any issu	es or concerns. Thank you	so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Radiant LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)	
ne Articles of Organization for this Limited Liability Company were file	d on	and assigned
orida document number L21000349928		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability com	pany here:	
flernoon Ventures LLC		
ne new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
1ailing address MAY BE A POST OFFICE BOX)		<u> </u>
		.
		. •
. If amending the registered agent and/or registered office address o	n our records, <u>enter the name</u>	of the new registe
ent and/or the new registered office address here:		mare 4
	÷.	
	سنب	0
Name of New Registered Agent:		<u>; </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City	, Fiorida	Ziv 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Page 2 of 3

If amending any other information	on, enter change(s) here	:: (Attach additional s	heets, if necessary.)	
				
				
				
<u>-0.00</u>				
			<u> </u>	
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applica	able statutory filing requ	(optional) in 90 days after filing.) Pursu uirements, this date will n	ant to 605.0207 (not be listed as th
the record specifies a delayed) The 90th day after the recor		t an effective time,	at 12:01 a.m. on th	ne earlier of:
Dated August 11th	. 2021	·		
	Chairn G	luck		
S	ignature of a member or author	orized representative of a r	nember	
Chaim Gluck				
	Typed or printe	ed name of signee		

Filing Fee: \$25.00