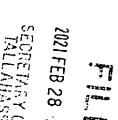
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(Requ	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Special Instructions to Fi	ling Officer:	
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Office Use Only



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A. BUTLER MAR - 4 2022

COVER LETTER

TO: Registration Section	
SUBJECT: The Radiant Reator Name of Limited Liability	W Snery Cherilus ?
The enclosed Articles of Amendment and fee(s) are submitted for fi	ling.
Please return all correspondence concerning this matter to the follow	ving:
The Radiant Realthe UC/E 1131 Kennington Ad ONando FL City/State Realtorcherilus	Shery Cherilus UC Company Com
Certificate of Status Certi	0 Filing Fee & S60.00 Filing Fee, fied Copy Certificate of Status & const copy is enclosed) Certified Copy (additional copy is enclosed)
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

<i>l.</i>	^ -		to the state of
The Kadiant	Realton	2 UC	2021 FEB 28 AM 7: 16 DUIT records: SECRETARY OF STATE ALLAHASSEE, FL
(<u>Name of the Limited Liat</u> (A Flor	oility Company as ida Limited Liabilii	<u>it now appears on c</u> ty Company)	OUR records.)
			JALLAHASSEF, FI
The Articles of Organization for this Limited Liability	/ Company were	filed on _//_	20100 and assigned
Florida document number <u>L210004 (a)</u>	12 12 Y	. 7	,
To the decement manner Solver	400 1		
This amendment is submitted to amend the following:			
A 16	14 1 11 1 1114		
A. If amending name, enter the new name of the li	mited Hability o	ompany nere:	\sim
Sheryl Ch-	CrilUS	LLC	ر
The new name must be distinguishable and contain the words "L	imited Liability Co	mpany," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	//	731 Kg	unington Court
		Valuado	TW 32924
(Principal office address MUST BE A STREET ADD	<u>URESS)</u> _(_	or write	TE 32021
			,
Enter new mailing address, if applicable:		731 Ke	nnington auct
(Mailing address MAY BE A POST OFFICE BOX)	.,	rlando	32824
, was a second of the second		1-1010-161-10-	3000-1
		<u>-</u>	
D. If any and in a the manietanced accept and/an assistant			J
B. If amending the registered agent and/or register agent and/or the new registered office address here		ess on our record	is, enter the name of the new registero
			,
	Shea	11 01	ne cillic
Name of New Registered Agent:	<u> </u>	<u> </u>	runus
New Registered Office Address:	1731 1	Claning,	tory Court
		Enter Florida sti	
\wedge	Mindo		. Florida 32824
<u></u>	r courte	'ity	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	<u>being added</u>
or removed from our records:					

MGR =	Manager		
AMRD =	Authorized Member	-	•

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	□Add
			□Remove
			□ Change
			□Add
			Remove
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<u>ote:</u> If th	date, if other than the date of filing:	05,0207 sted as
record sp is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ier the
ated	2/25.2022	
aica		
aica	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00