Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIGITALLY RADIANT L.L.C.

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2025-01-22 15:23:02 UTC+14

18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

DIGITALLY RADIANT L.L.C.

SUBJECT:

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:

	Jonathan Taboada			
	Name of Person			
	ZenBusiness INC			
		Firm/Company		
	336 E. College Ave Suite	301		
		Address		
	Tallahussee, FL 32301			
	+++-+	City/State and Zip Code	e-444	
	fulfillment@zenbusiness.co	ritt		
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	ull:		
c/o ZenBusiness INC		844 493-6249		
Name o	d Person		me Telephone Number	
Enclosed is a check for (he following amount:			
■ \$25.00 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)	

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

TO ARTICLES OF ORGANIZATION **OF**

DIGITALLY RADIANT L.L.C.			
(Name of the Limited Liability Compa (A Florida Limited	my as it now appears on our records.) Liability Company)	5 8 10 10 10 10 10 10 10 10 10 10 10 10 10	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000085001}{1.0000085001}$.	were filed on 2022-02-22	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3103 Osage Dr. Holly Springs, NC 27540		
Principal office address MUST BE A STREET ADDRESS)			
	Wake County US		
Enter new mailing address, if applicable:	3103 Osage Dr.		
(Mailing address MAY BE A POST OFFICE BOX)	Holly Springs, NC 27540		
	Wake County US		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new regist	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida _	<u>. ල</u>	
	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.

Ī0:	•	•	Page: 4 of 5	2025-01-22 15:23:02 UTC÷14	18506176383	From: ZenBusiness User
	11 2000	name	Authorized Letzon	n(s) anthorized to manage, <u>enter the this</u>	<u>e, name, and addless of fa</u>	cu berson being annen
	or rem	oved f	from our <u>records</u> :			

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Bryan Aguirre	3103 Osage Dr.	
		Holly Springs, NC 27540	
		US	
			□Remove
			□Change
			_
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Hadadanda Sarah Sarah at			∏Add
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			Change
		-	LJAdd
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			□Add
			□Remove
			[]Change

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

/s/Dryan Aguirre

Bryan Aguirre, Member