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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

Registration Section

TO:

Division	of Corp	oorations			
Radi	ant Enc	rgy and Solar Company LLC.			
SUBJECT:		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
		David Rivera			
			Name of Person	<u> </u>	
		Radiant Energy and Solar (Company LLC		
			Firm/Company	. .	
		6971 Tussilago Way			2021 SE SE
			Address		SE S
		Orlando,FL 32828			2024 HAY 29 AH II: 22 SECRETARY OF STATE STALL AHASSEE. FL
			City/State and Zip Code		1883 1883 1997 1997
		info@radiantenergysolar.co			一學也 三
For further inform	ation co	E-mail address: () oncerning this matter, please ca	to be used for future annual report no all:	tification)	22 615
David Rivera			407 729-2985 at ()		
1	Name of	Person		me Telephone Number	
Enclosed is a chec	k for th	e following amount:			
□ \$25.00 Filing	Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
P.O. Bo	ation S n of Co ox 632	ection orporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Radiant Energy and Solar Company LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5/22/2024}{1}$ and assigned Florida document number 93-1978447 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 100 E. Pine Street Orlando,FL Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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>	Address	Type of Action
AMBR	Michael Rivera	6971 Tussilago Way Orlando, FL 32822	
			□Remove
			□Change
AMBR	Sebastian Cadena	6971 Tussilago Way Orlando, FL 32822	= Add
			□Remove
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Filing Fee: \$25.00