Division of Corporations

To:



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.

(((H230003858703)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

\*\*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 IRRADIUM INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

MOV -8 2023 I FEMIENX Registration Section

TO:

ż

### **COVER LETTER**

Divisio	on of Cor	porations		
SUBJECT:	RRADIŪ	M INTERNATIONAL LLC		
300.7ECT		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed A	ricles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return al	I correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	<del></del>
		Legalzoom.com, Inc.		
	Firm/Company			
	101 N Brand Blvd 11th Fl			
	Address			
	Glendale, CA 91203			
			City/State and Zip Code	
		robertgraves299@gmail.com	m to be used for future annual report notifi	cation
			·	caren
For further info	rmation co	oncerning this matter, please ca	ali:	
Cheyenne Mos			800 773-0888 at ()	
	Name of	Person ·	Area Code Daytime	Telephone Number
Enclosed is a ch	neck for th	e following amount:		
□ \$25.00 Filir	ng 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### From: Rajiv Srivastava

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRRADIUM INTERNATIONAL LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	<del></del> -
The Articles of Organization for this Limited Liability Company Florida document number L23000410529	were filed on 09/01/2023	and assign <del>e</del> d
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	5304 Crane Hill Ct.	
Principal office address MUST BE A STREET ADDRESS)	Saint Cloud, FL, 34771	
Enter new mailing address, if applicable:	5304 Crane Hill Ct.	
Mailing address MAY BE A POST OFFICE BOX)	Saint Cloud, FL, 34771	
B. If amending the registered agent and/or registered of		he name of th
egistered agent and/or the new registered office address her	<u>c</u> :	63 63 73 73
Name of New Registered Agent:		<del>-</del>
New Registered Office Address:		. 7
13617 Registered Value Mittiess.	Enter Florida street address	r
	, Florida	- !-
	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.

If Changing Registered Agent, Signature of New Registered Agent

СП

To:

# 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 = M $AMBR = A$	lanager Luthorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	Robert C. Graves		Add
		5304 Crane Hill Ct. Saint Cloud, FL 34771	🖹 Change
		<del></del>	□ Add
			Remove
			Change
		<u> </u>	□ Add
			Remove
			Change
			🗖 Remove
			□ Change
			_ □ Remove
			□ Change
			□ Remove
			☐ Change

•	- Paga; 15 of 15	2023-11-06 15:48:11 PST	13236068205	From: Rajiv Srivastav
). If an	nending any other informat	ion, enter change(s) here: (Attach add	itional sheets, if necessary.)	
				<del></del>
	· .			<u> </u>
				<del></del>
			· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		<u></u>
		<u> </u>		<del></del>
		<del></del>		
				<del>-</del>
				<del></del>
(If an e <u>Note</u>		be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fil		
o) Th	e 90th day after the reco	effective date, but not an effective rd is filed.	e time, at 12:01 a.m. on the	e earlier of:
Date	0/0/28/23	12311Pm		
		U		
		Signalure of a member or authorized representati	ive of a member	
	Robert Graves			
		Typed or printed name of signee		<del></del> -

īo:

Page 3 of 3

Filing Fee: \$25.00