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Division of Corporations

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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.

Account Number : I20040000173

: (407)298-4646

Fax Number

: (407)297-0588

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RADIANT LIFE PRODUCTIONS, LLC

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N. 0-12 AUG - 5 2009

FAX MONT # HOGOOO 175537 ARTICLES OF AMENDMENT

AMENDMENT 09 AUG -4 AM 8: 55

ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE FLORIDA

Re	diant Life Productions, LLC			
(Name of the Limite	d Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited	Liability Company were filed on	01/17/2006	and assigned	
Florida document numberLD600000	<u>04879 </u>			
This amendment is submitted to amend the fo	llowing			
A. If amending name, enter the new name	of the limited liability company here	:		
The new name must be distinguishable and end w	with the words "Limited Liability Compan	y," the designation "	LLC" or the abbreviati	
Enter new principal offices address, if appl	icable:	•		
(Principal office address MUST BE A STRE	ET ADDRESS)			
			······································	
Enter new mailin g address , if applicable: (<u>Mailing address MAY BE A POST OFFIC</u>				
B. If amending the registered agent and registered agent and/or the new registered		r records, <u>enter 1</u>	the name of the no	
Name of New Registered Agent:	Small Business Resources	JSA, Inc.		
New Registered Office Address:	4004 B. I. Overson B. Of CA			
		, Florida		
	City		Zip Cade	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of thi	proper and complete performance of distered agent as provided for in Cha pregistered office address, I hereby	f my duties, and I c opter 608, F.S. Or,	am familiar with and if this document is	
	If Chapping Registered Agent	Signature of New Re	gistered Agent	
	Page Y of 2			

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If amounting	•	PUDITH HO9000175537 3 above to our records, some the title, name, and address of from our resords.	
MOR = MA MORM = M	inger Insaging Matehor		
Title	Name	Addition	Type of Action
MGRM	M, Ann MoGregor	Orlando, El. 92810	
MGRM	M. Ann McGregor	5036 Dr. Philips Styd. Sulte 144 Orlando, FL 32819	Add Remove
MGRM	Mark C. McGregor	5038 Dr. Philips Blws. Suite 144 Oriendo, FL 32819	IZI Add Remové
			Add Remove
			Ratio
			Add Ranove
D. Hamme	ling any other information, enter	change(s) bares (Attach additional sheets, (finecessary)	O9 AUG -4 AM 8: 55 SEGRETARY OF STATE TALLAHASSEE FLORIDA
Dated	Am		D _A ∺ 55
		M. Ann McGregor Typed or printed same of supre Page 2 of 2	

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