## 04000086411

(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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(Docum	nent Number)	
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Special Instructions to Filir	ng Officer:	

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12/28/09--01035--002 \*\*30.00

T. HAMPTON

DEC 2 9 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT:	Raydi	ant Tan LLC				
		ted Liability Company	·			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
		Jamie Sheppard	<del></del>			
		Raydiant Tan LLC				
	Firm/Company					
	1270-1272 North Military Trail Address					
		West Palm Beach				
		City/State and Zip Code				
	ray E-mail address: (	ydianttan@yahoo.com to be used for future annual report	notification)			
For further information c	oncerning this matter, please of	call:				
Joac Name o	cquin LaGree	at (_561)	932-7597 aytime Telephone Number			
Name o	reison	Alea Code & D	ayume receptione Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Registr	ING ADDRESS: ation Section on of Corporations	STREET/CO Registration S Division of C				
P.O. Bo	ox 6327 issee, FL 32314	Clifton Buildi				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Raydiant Tan LLC			
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appear orida Limited Liability Company)	rs on our records.)		
<b>(</b>				
The Articles of Organization for this Limited Liabi	lity Company were filed on	Sept 4, 2009	and assigned	
Florida document number L0900008641	1			
The state of the s	······································			
This amendment is submitted to amend the followi	ng;			
A. If amending name, enter the new name of th	e limited liability company her	œ:		
		_	ے	
The new name must be distinguishable and end with the	ne words "Limited Liability Compa	any " the designation "LL	C" or the abbreviation	
"L.L.C."	to words Eminor Emonity Compe	ary, in designation 22		
Faton now mindred office address if smalleshi			C NE	
Enter new principal offices address, if applicable	<del></del>			
(Principal office address MUST BE A STREET A	(DDRESS)	······································		
			<del>- 3</del> -	
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
			<del></del>	
B. If amending the registered agent and/or	registered office address on o	our records, <u>enter th</u>	e name of the new	
registered agent and/or the new registered office	address here:			
Name of New Registered Agent:				
New Projectored Office Address.				
New Registered Office Address:	ter Florida street addre	SS		
	Line I will an eel aaar ess			
-	<i>O</i> :-	, Florida	7: 0 1	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Title Name **Address** Type of Action MGRM Joacquin LaGree 1135 pinewood lake court ✓ Add Greenacres, fla 33415 Remove ☐ Add Remove ☐ Add Remove Add Remove  $\square$ Add Remove ∐Add Remov D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dec 14, Dated \_\_ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Jamie Sheppard

Filing Fee: \$25.00