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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

OCT OF 2015), BRUCL

COVER LETTER

TO:	Registration Se Division of Cor				
CHRIE		estment Consulting LLC			
SUBJEC	~I;	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn ali correspo	ndence concerning this matter	to the following:		
		Mark W. Vroman			
			Name of Person		
		Radiant Investment Consu	lting LLC		
			Firm/Company	1	
		603 Placid Run Road			
			Address		
		Orange City, FL 32763			
			City/State and Zip Code		
		mwvroman@gmail.com			
			to be used for future annual report notif	ication)	2011
For furth	ner information co	oncerning this matter, please ca	all:		285 PT
Mark W	7. Vroman		386 473-4088	SS(
Enclosed	Name of	f Person ne following amount:	Area Code Daytime	Telephone Number OF STATE	or S
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	e, atus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Radiant Investment Consulting 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 $\frac{01/29/2010}{}$ and assigned Florida document number L10000010822 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Radiant Wealth Management LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 🕏 City

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

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	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effective date is listed, the date	the date of filing: e must be specific and cannot be prior	to date of filing or more than 9	(optional) 0 days after filing.) Pu	rsuant to 605.020
	is block does not meet the applicate Department of State's records.		ments, this date will	not be listed a
ne record specifies a dela The 90th day after the	yed effective date, but no record is filed.	t an effective time, at	12:01 a.m. on	the earlier o
Dated October 5	Signature of a member or author	<u> </u>		
	/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00