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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Stivers MAY 07 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RADIANT FINISH, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL BARCA  
Name of Person

RADIANT FINISH, LLC  
Firm/Company

12677 GETTYSBURG CIRCLE  
Address

ORLANDO, FL 32837  
City/State and Zip Code

DANIELLEBARCA@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL BARCA at ( 407 ) 9627260  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: RADIANT FINISH, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000069626

**THIRD:** Document to be corrected is:  
ARTICLE 1 - NAME OF THE LLC

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

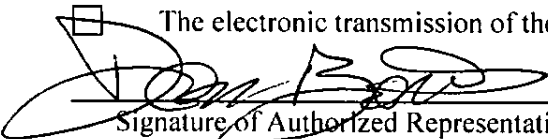
RANDIAN FINISH LLC, IS FILLED MISPELLED, THE CORRECT  
NAME IS RADIANT FINISH, LLC

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

The electronic transmission of the record was defective.

  
Signature of Authorized Representative

05/01/2015

Date

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

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15 MAY -4 AM 7:06  
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TALLAHASSEE, FLORIDA