L15000019959

<u> </u>		
(Red	questor's Name)	
(Add	dress)	
(Ad	dress)	
V.		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
•	•	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
]

Office Use Only



500277536855

10/05/15--01007--012 **25.00

2815 DCT -5 PM 12: 52

the statement of the contribution

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Radiant You, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michele A. Mysnyk-DE Angelo Warne of Person
Radianot You LLC
509 S.E. 13 th Ave
DEERFIELD BEACH, FL 33441 City/State and Zip Code Madoac Sklw Danail.com
E-pail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Michaels A. Mysnyk-DEAngslo at 561, 716-9109 Name of Person JEAngslo at Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 OCT -5 PH 12: 5

(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 5152015 and assigned Florida document number 1500019959

This amendment is submitted to amend the following:

(Mailing address MAY BE A POST OFFICE BOX)

47 (A) A () P (A) 1 (D) (D) (A) (A)	Radian	L Vac.	-I HELLOFER	11	C	
--	--------	--------	-------------	----	---	--

A. If amending name, enter the new name of the limited liability company here:

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:

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 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
\			Add
			Remove
•			Change
			□ Add
			□ Remove
		//	☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Add
			□ Remove
			☐ Change
			☐ Remove
		<u></u>	□ Change

	·····		- <u> </u>		
, 					
	$\overline{}$	— <i>M</i>			
	$\overline{}$				
			1/1		
			— <i> </i>		
		\			
					2015 OCT
	······				<u> </u>
_					200
				\	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
,					
					·
Effective date, if oth	er than the date o	f filing:		(optional)	
f an effective date is listed Note: If the date inser	i, the date must be spec ted in this block doe	cific and cannot be prior es not meet the applic	to date of filing or mor able statutory filing	e than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 (3) vill not be listed as the
document's effective d					
	andoloved offer	dive dete to the	t on officiative ti-	+ 17:01	n the english of
			t an enective un	ne, at 12:01 a.m. o	n the earner or:
	ì	0/0			
	1. 1.	\			
The 90th day aft	18/3	x13012	⊣ ' _		
The 90th day aft	10/5 10/6	4,2015	J		
ne record specifies The 90th day aft Dated	18/3/ Why Signatur	WMP_D re of a multipler or author	Drized replesentative o	f a member	

Page 3 of 3

Filing Fee: \$25.00