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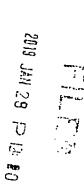
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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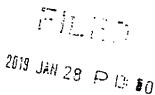
COVER LETTER

TO:	Registration Se Division of Cor			
	ON CALL	TECHIXICTOR LLC		
SUBJ	ЕСТ:			<u>.</u>
		Name of Lim	nited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Daniel B. Rinn		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		 	Firm/Company	
		8685 Windfall Way		
			Address	······································
		Colorado Springs, CO 809	XOS	
		danrinn@me.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please c	all:	
Tina M	M. Rooks		321 604-5308	
	Name o	en	at () Area Code Davtime	Telephone Number
	name o	i reison	Area Code Traytime	тетерионе миние
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ON CALL TECH DOCTOR LLC		24 58 D 13: 1
	ty Company as it now appears on our records a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000066644	Company were filed on	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
RADIANTED LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	DECC)	
Principal office address MUST BE A STREET ADDR	(E33)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
111111111111111111111111111111111111111	Enter Florida street address	
	. Flo	rida
	City	rida

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Daniel B. Rinn	8685 Windfall Way Colorado Springs, CO 80908	B ∧dd
		 	☐ Remove
			Change
			
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove

Effective date, if other than the date of filing:
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.
Dated January 19. 2019
Explaine of a member of authorized representative of a member
Tina Kontis

Page 3 of 3

Filing Fee: \$25.00