# L19000157875

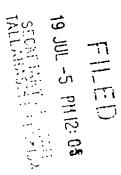
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Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Radiand Life Eaville L.L.C. 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:
Dae Jung Kim Name of Person
Radiant Life Ecoville L.L.
13700 NWUS HWY 441
Alachua, Florida, 32615 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dae Jung Kim at (202) 360 - 2704 Name of Verson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee ☑ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed) 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

Kadiant Life	Ecoville L.L.C	<del></del>
( <u>Same of the Limited Liabi</u> ) (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on June 14, 2019	and assigned
Florida document number <u><b>119000157875</b></u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADD.	RESS)	<del>_</del>
·		<u>-</u>
Enter new mailing address, if applicable:		····
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the name of the new
Name of New Registered Agent:		19 (
New Registered Office Address:		
	Enter Florida street address	7. T (7)
	, Florida, City	Zin (Duk
New Registered Agent's Signature, if changing Registered	·	

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\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GR</u>	Dae Jing kim	13700 NW US HWY 441	Add
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an effe l <mark>ote:</mark>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated .	June 28 2019
	4-X-100/200
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00