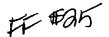


| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| . (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| , (Do | ocument Number) | |
| Certified Copies | _ Certificates | of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





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06/14/06--01003--009 **25.00

B. Tadlock

COVER LETTER

| Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: LT PAIN SPA, 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: | | | | |
| Luis D. CAZZTILO (Name of Person) | | | | |
| LT RAIN Spa, LLC (Firm/Company) | | | | |
| 12402 S. ORANGE Blossom Trail, STE. 5 (Address) | | | | |
| ORIANDO, FI 32837 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Luis D. Cazarllo at (467) 970-1754 (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$25.00 Filing Fee Certificate of Status Certificate of Status S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

| | LT RAIN SPA, LLC | 90 |
|---------|---|--------|
| | (Present Name) (A Florida Limited Liability Company) | 6- NNd |
| | | -9 |
| | | 7 |
| | • | == |
| FIRST: | The Articles of Organization were filed on <u>JANUARY</u> 30,3006 and assigned document number <u>LO600006868</u> | 36 |
| SECOND: | This amendment is submitted to amend the following: | |
| C MANGE | Principal Address, To Mailing Address, Pogistered | - |
| | Agent, and Manager Member Address to: | _ |
| | 12402 8. Orange Blosson Trail | |
| | Ste 5 | _ |
| - | | |
| • | OFIANDO, FIGRIDA 32837-6539 | _ |
| | | |
| | Also Add FEI Number: 20-4152807 | |
| | | |
| | | |
| | | — |
| | | |
| Dated | JUNE 5 , 2006. | |
| | | |
| | | |
| | Signature of a member or authorized representative of a member | |
| | | |
| | Luis D. Cazrillo Typed or printed name of signee | |

Filing Fee: \$25.00