L0600001865H

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Sticks CAVIL	7				
THORIZE TION BY PHONE TO					
DATE 6/3/08					
OCC EXAM CULT					

Office Use Only



200130975042

06/09/08--01029--015 **55.00

08 JUN -9 AH 8: 10

B. Bedlock JUN 13 2008

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: WWW). 70 3TINA.Com (Name of Limite	T/A The Radic Liability Company)	yos Group, UC.
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Aplaya In	M. RAYOS (Name of Person) restments, LL (Firm/Company) Hantic Avenu (Address) ch FI 3348 City/State and Zip Code)	ue Suite C2 285
For further information c	oncerning this matter, please cal		
Cristina (Name	0	at (56/) 703 - 2 (Area Code & Dayti	8462 ime Telephone Number)
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

* ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WWW. 703 TINA. Com T/A (Name of the Limited Liability Compan (A Florida Limited Li	The Rayos Group, LLC. v as it now appears on our records. ability Company)
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for the Organization	were filed on 8/9/06 and assigned of COR
This amendment is submitted to amend the following:	F STATE
A. If amending name, enter the new name of the limited liabil	· ·
CRISTII	NAS SPA & Services LLC.
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	777 East Atlantic Avenue
(Principal office address MUST BE A STREET ADDRESS)	Suite C2-285
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	777 East Atlantic Avenue Suite C2-285 Delray Beach, FL 33483 777 East Atlantic Avenue Suite C2-285 Delray Beach, FL 33483
B. If amending the registered agent and/or registered office address here	ice address on our records, <u>enter the name of the new</u> :
	a M. Rayos
New Registered Office Address: 777 Ea	STAtlantic Avenu, Suite C2-285 (Enter Florida street address)
Delra	(Enter Florida street address) Beach, Florida (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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
 ;			Add Remove			
MGR	CRISTINA M. RAYOS	777 Eass Atlantic Ark. Swife Co-285 Delray Brack, Fr 339	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	<i>)</i>			
— — — — — — — — — — — — — — — — — — —		208				
Dated	Signature of a member	or authorized representative of a member				
	ORISTIN Typed	or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00