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| (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 Officer: | | | | | | |
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B. BOSTICK
AUG 2 1 2012
EXAMINER

COVER LETTER

| Division of Co | orporations | | | | |
|---------------------------|--|--|--|--|--|
| SUBJECT: | CRIS | STINE, LLC | | | |
| | | ted Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | | JUAN A FIGUEROA | | | |
| | | Name of Person | | | |
| | JUAN A FIGUEROA PA CPA | | | | |
| | Firm/Company | | | | |
| | 1428 BRICKELL AVENUE, SUITE 206 | | | | |
| | Address | | | | |
| | MIAMI, FLORIDA 33131 | | | | |
| | | City/State and Zip Code JUAN@JAFCPA.COM E-mail address: (to be used for future annual report notification) | | | |
| | Jl F. mail address: (| | | | |
| | , | | AUG 20 AHASSEE | | |
| For further information | concerning this matter, please c | all: | PH COF SI | | |
| JUA | N A FIGUEROA | at (305) 4 | 48-5844 FS 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | |
| Name | of Person | Area Code & Daytime | Telephone Number 17 | | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | | | | |
| , w 4.47 | | | (auditional copy is enclosed) | | |
| MAI | LING ADDRESS: | STREET/COURIE | R ADDRESS: | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | CRISTIN | | | |
|--|--------------------------------|--|------------------------|------------------------------------|
| (<u>Name of the Limited Liah</u> (A Flor | oility Compar ida Limited L | iy as it now appears iability Company) | on our records.) | _ |
| The Articles of Organization for this Limited Liabili | ty Company | were filed on | 3/31/2009 | and assigned |
| Florida document numberL09000031566 | <u> </u> | * | į | SEC 72 |
| This amendment is submitted to amend the following A. If amending name, enter the new name of the | | ility company here: | | FILED AUG 20 PM I2: AHASSEE, FLO |
| The new name must be distinguishable and end with the "L.L.C." | words "Limit | ted Liability Company | ," the designation | 空 <u>气</u> ω |
| Enter new principal offices address, if applicable: | | 3201 NE 183 S | TREET | |
| (Principal office address MUST BE A STREET AL | DDRESS) | APT. 1601 | | |
| | | AVENTURA, F | LORIDA 3316 | 30 |
| Enter new mailing address, if applicable: | | SAME AS ABO | VE | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | • | | r records, <u>ente</u> | r the name of the new |
| Name of New Registered Agent: | CAROL CRISTINA FARINA | | | |
| New Registered Office Address: 32 | 201 NE 18 | 3 STREET APT. | | |
| | | Ente | r Florida street a | ddress |
| | Α' | VENTURA | , Florida | 33160 |
| | | 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 608, 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------|---|---|
| MGRM | JUAN A FIGUEROA | 1428 BRICKELL AVENUE SUITE 206 MIAMI, FLORIDA 33131 | Add Remove |
| | | | Add Remove |
| | · · · · · · · · · · · · · · · · · · · | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| D. If amend | | nange(s) here: (Attach additional sheets, if neces. | 12 AL |
| | | | FILED AUG 20 PH 12: AHASSEE, PLOG |
| Dated | AUGUST 15 | 2012 . | 37 E E DA |
| 1 | Signature of a me | mber or authorized representative of a member | |
| | CA | ROL CRISTINA FARINA | |
| | T | yped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00