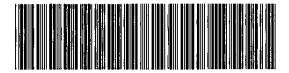
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SECRETARY OF STATE
AND AMASSEE, FLORDA

COVER LETTER

Division of Co						
SUBJECT:	Suntaste I	nternational, LLC				
	Name of Limi	ted Liability Company				
•						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Kenneth Jamison					
	Name of Person					
	Suntaste International					
	Firm/Company					
	1420 Celebration Blvd					
		Address				
	(Celebration, FI 34747				
		City/State and Zip Code				
	E-mail address: (to be used for future annual report	notification)			
For further information	concerning this matter, please of	eall:				
Ke	enny Jamison	at (770)	2688786			
Name	of Person		ytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Section Sectin Section Section Section Section Section Section Section Section			
			(
MAILING ADDRESS: Registration Section		Registration S				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassee, FL 32314			e Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 AUG 17 AM II: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Suntas	ste International, LL0		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appear da Limited Liability Company)	ers on our records.	
The Articles of Organization for this Limited Liability Florida document number L09000056677		June 11, 2009	and assigned
1 Iorida document riamos	·		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street addr	ess
		, Florida	
 -	City	, * *******	7in 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	Richard Bowers Jr.	1420 Celebration Blvd, Suite 200 Celebration, Fl 34747	Add Remove
<u>MGRM</u>	Mitch Osceola	1420 Celebration Blvd Celebration, Fl 34747	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary	<i>)</i>
			FILED 11 AUG 17 AM SECRETARY OF S TALLAHASSEE, FI
Dated	Ver	Je Je	II: 41 STATE LORIDA
	/	ember of authorized representative of a member Kenny Jamison Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00