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	(Requestor's Name)	
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	(Document Number)	
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EXAMINER



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SECRETARY OF STATE OF STATE OF STATE

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJĘCT:	Taste	e Media, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
		Justin Sisley	······
		Name of Person	
	-	Taste Media	
		Firm/Company	
		6815 Sperone Street	
Address			
		Orlando/Florida 32801	
		City/State and Zip Code	
	E-mail address: (isley@enjoytaste.com to be used for future annual report not	ification)
For further information	on concerning this matter, please of	call:	
NI.	Justin Sisley	at (_407_)	761-4550
Nam	ne of Person	Area Code & Daytı	me Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & 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

(<u>Name of the Limited Li</u> (A F	Taste Me ability Compa orida Limited I	dia, LLC ny as it now ap Liability Compa	pears on or	ır records,)		
The Articles of Organization for this Limited Liab Florida document number		were filed on	July	27, 2009	and ass	igned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company	here:			
	Enjoy Tas	te, LLC				
The new name must be distinguishable and end with the "L.L.C."	he words "Limi	ted Liability Co	mpany," th	e designation	"LLC" or the a	bbreviatio
Enter new principal offices address, if applicab	le:	37 N. Ora	nge Ave.			9
(Principal office address MUST BE A STREET)	ADDRESS)	Suite 8000	C		<u> </u>	SEC VISE
		Orlando, I	Florida	····	VON NO.	물游
Enter new mailing address, if applicable:		37 N. Ora	nne Ave		23 F	JARY OF CO.
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)		Suite 8000	·	 		899c
		Orlando, Florida		<u>ယ</u> ယ	AA	
B. If amending the registered agent and/or registered agent and/or the new registered office		fice address o	•	ords, <u>enter</u>		f the nev
Name of New Registered Agent:		•	· · · · · ·			
New Registered Office Address:	37 N. (DRANGE		SUTE rida street ad	800 C ddress	
•	ORLAND	Ø		. Florida	32801	
-		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 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

Title ·	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Jean Kaluza	3213 Greenwich Village Blvd. #202 Orlando, Florida 32835	Add Remove
			Add Remove
			Add Remove
			Add Remove
White same was a recommended to the			Add Remove
			Add Remove
	ending any other information, en Also doing business as Tast	ter change(s) here: (Attach additional sheets, if necessary.) te Media	
-	100		
Dated	November 16	_,2009	_ _ _
	Signature	f a member or authorized representative of a member	····
		Justin Sisley	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00