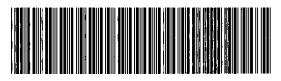
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B. BOSTICK
JUN 2 8 2011

COVER LETTER

TO:	Registration S Division of Co	ntion Section of Corporations			
SUBJECT: National Beverage Development Center, LLC					
30.001					
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	oondence concerning this matter	r to the following:		
			Laura Staples		
	Name of Person				
Sunrise Global Trading					
	Firm/Company				
	3700 Commerce Boulevard		Act 1	,	
	Address				
		•	Kissimmee, FL 34741	127 ASS	TERESON III
			City/State and Zip Code		Trough A
		E-mail address: (to be used for future annual report notific	E. F. CORIII	The state of
For fur	ther information	concerning this matter, please		50 RIDA	
	L	aura Staples	at (407) 5	82-9462	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclos	ed is a check for	the following amount:			
□ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1.00 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		tration Section ion of Corporations 30x 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nutritional Beverage Development Center, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nutritional Beverage Development Center, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:
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Name of New Registered Agent: New Registered Office Address:
New Registered Office Address:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with
ne provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is
eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
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			Add Remove
	ding any other information, ento	er change(s) here: (Attach additional sheets, if	SECRETARIO SIATE STATE STATE ORIDA
Dated	Asignature of	Typed or printed name of signee	remba
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Filing Fee: \$25.00