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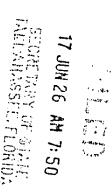
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JUN 2 9 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Splend or International LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Josstan Huber Name of Person
Splendor International LhC
2147 NW GOTH CTrcle Address
Boca Raton FL 33496 City/State and Zip Code
E-mail address: (to be used for future annual-report notification)
For further information concerning this matter, please call:
Jessica Huber at (56) 213 – 4896 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, 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

Splendor Into	ernational LLC iability Company as it now appears on our records.) lorida Limited Liability Company)
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on 51812011 and assigned
Florida document number 82 - 1536730	<u>. </u>
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
-	City Florida Zip Code :
New Registered Agent's Signature, if changing Regis	tered Agent:
provisions of all statutes relative to the proper ar accept the obligations of my position as registere	rent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability age.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Jessica Huber	2147 NW GOTH Circle Boca Raton FL 33496	Ø Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
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			Add
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			☐ Change
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D. If amending any other information, enter change(s) here: (Attach additional sh	
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	<u> </u>
	HASS 28
	50 50
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, a) The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Dated $\sqrt{100}$, $\sqrt{201}$, $\sqrt{201}$.	
Signature of a member or authorized representative of a mer	mber
Jessica Huben Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00