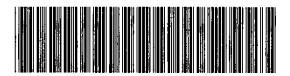
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COVER LETTER

TO: Amendment Section Division of Corporations	" 6 .
NAME OF CORPORATION: FEED AG S	outh FLORIDA INC.
DOCUMENT NUMBER: 756490	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
JEFFREY D. (Name	e of Contact Person)
FEEDING SOUTH	Florida, INC.
(F	irm/ Company)
2501 SW 32 TEM	NACE
	(Address)
DEMBROKE PARK (City/	F(33023
(City/	State and Zip Code)
J JONES @ FEEDW	6South Florida, ORG- ure annual report notification)
	ure annual report notification)
For further information concerning this matter, please call:	
JEFFREY D. JWLS	at 954-518-1823
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Department of State:
(Add	75 Filing Fee & S52.50 Filing Fee ified Copy ditional copy is losed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32301

Articles of Amendment to

•	Articles of Incorporation of	FILED
Feeding Sow	the Florida Inc	2015 AUG -7 PM 1:46
(Name of Corporat	ion as currently filed with the Florida Dept.	of State) TALE/AASSEE, FLORII
# 136490	cument Number of Corporation (if known)	TALEMINOSCEN
	•	₩
Pursuant to the provisions of section 617.1006, I unendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida Not For Profit Co</i>	prporation adopts the following
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the w		bbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the no	<u>1me</u> .	
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u> T		
rrincipui office uduress <u>MOSI BE A SIREE</u>	<u> </u>	
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	TE BAV	
(Muning unitess MAT BE A FOST OFFIC	E BUA	
D. <u>If amending the registered agent and/or re</u>	ogistared office address in Florida, enter the	name of the
new registered agent and/or the new regis		datile of the
Name of New Registered Agen	FRANCISCO R. VELE	2
• "	2501 SW 32 TERRACE	
	(Florida street a	ddress)
New Registered Office Addre	_ ^ ^	_
	PEMBROKE PARK	, Florida <u>336 23</u> (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changin	g Registered Agent:	
hereby accept the appointment as registered ag	gent. I am familiar with and accept the obligat	tions of the position.
	The state of the s	
	Signature of New Registered Agent	
	Signature of the Register ou Agent	, y vinanging
	/	
	D /	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

	•		
Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	FRANCISCO R. VELI	PEMBANKE PARK PEMBANKE PARK PEMBANKE PARK
Add			PEMBANKE PARK
Remove			F(33023
2) Change	<u> </u>	PACO VELEZ	
Add			
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additionai	sheets, if necessary).	ticles, enter change (Be specific)			
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	e date of each amendment(s) ad this document was signed.	ption:		, if other than the
Eff	ective date <u>if applicable</u> :			
		(no more than 90 days after	r amendment file date)	
	ee: If the date inserted in this blocument's effective date on the Dep		atutory filing requirements, this date will	not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)		
	The amendment(s) was/were ad- was/were sufficient for approval		mber of votes cast for the amendment(s)	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	Dated	8/3/20	15	
	Signature	July 1	l, president or other officer-if directors	
	have not bee		f in the hands of a receiver, trustee, or	
		Fran	zerseo Velec	
		(Typed or printed n	name of person signing)	
		Prosident.	(F)	

(Title of person signing)