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11 JUN 10 AM 10: 21
SECREPAND OF STATE

B. BOSTICK
JUN 1 3 2011
EXAMINER

COVER LETTER

	ition Section of Corporations	¢		
SUBJECT:	FEELIN GOOD PA	ted Liability Company		. , .
The enclosed Arm	cles of Amendment and fec(s) are sub	omitted for filing.		
Please return all co	orrespondence concerning this matter	to the following:		
	KENNETH E	NicholS Name of Person		_
	FEELIN GOOD	Firm/Company	P	TALLAS TU
	565 W ERAN	IADA BLVD STE D-1	l	HASSEE H
		City/State and Zip Code		AH 10: 21 SEE FLORID
	Kenichok @	LicHALDS FOOD DETUNE to be used for future annual report notificat	Coll	-
For further inform	nation concerning this matter, please o		,	
KEN	NicHols Name of Person	at (386) 615-335 Area Code & Daytime T	3 08 elephone Numb	(386) 405-5947
Enclosed is a chec	ck for the following amount:			
\$25.00 Filing I	Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific . Certific	Filing Fee, cate of Status & ed Copy onal 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

FEELIN GOOD F	PALM COAST, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on MAY 21, 2016 and assigned		
Florida document numberL\0000055237	<u>느</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and end with the wor'L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	Pr 1		
(Principal office address MUST BE A STREET ADDR	RESS)		
	The second second		
•			
Enter new mailing address, if applicable:	Es a		
• • • • • • • • • • • • • • • • • • • •	07. 2		
(Mailing address MAY BE A POST OFFICE BOX)			
0 0 0	tered office address on our records, enter the name of the nev		
registered agent and/or the new registered office add	ress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zin 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 Type of Action <u>Title</u> <u>Name</u> **Address** KATHLEEN A. NICHOLS Remove ☐ Add ☐ Remove Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE Signature of a member of authorized representative of a member

Typed or printed name of signee

Page 2 of 2

KENNETH E. NicHOLS

Filing Fee: \$25.00