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COVER LETTER

	Registration Se Division of Corp					
SUBJEC	Cornfed Cor	ncepts, LLC				
Name of Limited Liability Company						
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Andrew Edwards				
			Name of Person	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		
		Cornfed Concepts, LLC				
		······································	Firm/Company			
		4409 Tuscan Loon Drive				
			Address			
		Tampa, Florida 33619				
			City/State and Zip Code			
		cornfedconcepts813@gmail				
			to be used for future annual report notific	ation)		
For furthe	r information co	oncerning this matter, please ca	all:			
Andrew E	Edwards		813 857 2077 at ()			
	Name of	Person	Area Code Daytime	Celephone Number		
Enclosed	is a check for th	e following amount:				
	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

ny as it now appears on our records.) Liability Company)
were filed on 3/11/2013 and assigned
ility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
4409 Tuscan Loon Drive
Tampa, Florida 33619
4409 Tuscan Loon Drive
Tampa, Florida 33619
ffice address on our records, enter the name of the e: Enter Florida street address
, Florida
City Zip Code

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 605, 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 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

Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
	······		Add
			□ Remove
		·	☐ Change
•			Add
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			□ Remove
			☐ Change

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	4			····		· · · · · · · · · · · · · · · · · · ·
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	ted May 8th	ΔJ	2015 ————	·		7: 0.
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		Rignati	tre of a member or a	thorized rangeants	tive of a member	

Page 3 of 3

Filing Fee: \$25.00