

L14 0000 10544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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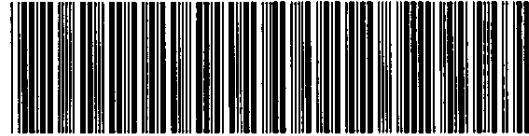
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Feed Em Well, 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:

Sean W. Kelley, Esq.

Name of Person

Kelley and Kelley, P.L.

Firm/Company

43 Cincinnati Avenue

Address

St. Augustine, FL 32084

City/State and Zip Code

sean@kelleyandkelley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Kelley

Name of Person

at **(904) 819-9706**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

Feed Em Well, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 21, 2014 and assigned Florida document number L14000010544.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Kelley and Kelley, P.L.

43 Cincinnati Avenue

St. Augustine, FL 32084

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kelley and Kelley, P.L.

New Registered Office Address:

43 Cincinnati Avenue

Enter Florida street address

St. Augustine

City

Florida

32084

Zip 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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wyndham P. Yancey	650 W. Pope Road, K-83	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32080	<input type="checkbox"/> Remove
MGR	Charles Yancey	209 12th Street	<input type="checkbox"/> Add
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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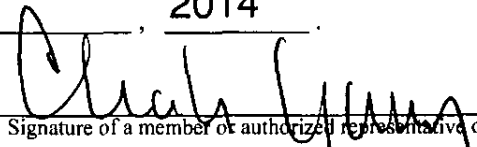
ALLA MISSISSIPPI
FLORIDA
14 MAY 27
PM 9 11

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 15, 2014



Signature of a member or authorized representative of a member

Charles Yancey

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 MAY 27 AM 9:41
STATE
TALLAHASSEE, FLORIDA