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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

(614) 280-3338

Phone

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FEED AMERICA FUND II, LLC

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TO:

Registration Section

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Feed America Fund II, LLC				
SCHOLCT;			ited Liability Company		
			•		
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Tony T. Brown			
			Name of Person	grapheness (Links) graphy represents to the total	
		T. Brown Consulting Grou	p, LLC		
			Fim/Company		
		P.O. Box 10385			
		Address			
		Riviera Beach, Florida 334			
		City/State and Zip Code tbrown@tbrownconsultinggrp.com			
			to be used for future annual report notific	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Tony T. Bro	own		904 407-3591		
	Хите о	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	n check for th	e following amount:			
≌ \$25.00 l·	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ING ADDRESS:	STREET/COURIE		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Feed America Fund II. LLC		
(Name of the Limited Liability Compa (A Florida Limital)	unv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/10/2014	and assigned
Florida document number 114000039640		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	illty company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	95575 Burney Rd.,	
(Principal office address MUST BE A STREET ADDRESS)	Amelia Island, Florida 32034	
		5 6
		16 HOV 23
Enter new mailing address, if applicable:	P.O. Box 15666	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Fernandina Beach, Florida 32035	a m
		. 2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> e:	the name of the new
·	_	
Name of New Registered Agent:	······································	
New Registered Office Address:		
15.17	Enter Florida street address	
<u></u>	, Florida	·
	City	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.

If Changing Registered Agent. Signature of New Registered Agent

ے

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			NO Refrove Colichametri 10: 02
			Refrove 二
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			Change
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			□ Change
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Mecti fan effi	date, if other than the date of filling: (optional) ve date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207
Note:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a cifective date on the Department of State's records.
e rec	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
t-ne	Oth day after the record is filed.
Dated .	Nanember 10, 2016.
	Tan TiR
	10mg [1 1]
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00