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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FEED ME WINE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Robert Patrick Name of Person
. Valle of 1 dison
$\frac{P_{a} + P_{a} + R_{b} + C_{b}}{Firm/Company}$
Firm/Company
2 South Ave East Address
Address
CRANFORD NJ 07016 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rubert Patrick at (948) 272 2940 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 ME WINE LLC

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Cor Florida document number <u>LISONO 33617</u>	cles of Organization for this Limited Liability Company were filed on <u>February 23, 2015</u> and assigned ocument number <u>LISONNO 33617</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		7 (g) (g) (g)		
Principal office address MUST BE A STREET ADDRE	ESS)	The state of the s		
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F., 4		and a second		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		75 E. S.		
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B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida 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

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** Name **Address** Type of Action Keith Beavers 623 East 6th Stroet Apt 6 DAdd AMBR New York MY 10009 ☐ Change 1209 Cheval DRIVE Vers Boach FL 22960 AMBR Aldo Populani ☐ Change ☐ Add ☐ Remove □ Change □ Add □ Remove Change Remove Change □ Add ☐ Remove

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Filing Fee: \$25.00