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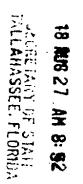
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COVER LETTER -

TO:

TO:		ation Secti a of Corpo									
SUBJE	СТ:	Feediz	ng Art	7 _O Name o	The f Limited L	Liens Liability Company	LLC				
The end	closed Art	icles of An	nendment and	fee(s) are	e submitte	ed for filing.					
Please	return all c	correspond	ence concerni	ng this m	atter to the	e following:					
			Fe	eding_	Ar+	Name of Person Fo The Firm/Company Mood Address	L.ons	LLC		TALLAHASSEE, FLORIDA	18 #16 27 AM 8: 82
live fre	hur intarn	nution com		info -mail addr	C Cut	ty/State and Zip C		otification	····		
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	<u>arnell</u>	Name of Po	KoO.1			at (<u>813</u> Area Code) <u>404 -</u> Dayt	6656 ime Telepl	hone Number		
Enclose	ed is a che	ck for the I	ollowing ame	unt:							
\$25	5.00 Filing	; Fee	S30.00 Fili Certificat			3 \$55.00 Filing I Certified Cop (additional copy	y		Certified C	of Status &	
		Registration of P.O. Box	G ADDRESS on Section of Corporation 6327 ee, FL 32314			Regi Divi Clift	EET/COU stration Sec sion of Corp on Building Executive	ction porations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Feeding Art To 1 (Name of the Limited Liability Con (A Florida Limite	The Lights LLC npany as it now appears on ou ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa	any were filed on <u>Age:1</u>	03, 2517 and assigned
lorida document number <u>L 170000 74 3 66</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Feed Art To The Liens The new name must be distinguishable and contain the words "Limited Li.	LLC	
he new name must be distinguishable and contain the words "Limited Li-	ability Company," the designate	ion "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS))	F 70 00
		<u> 22 8 </u>
		2 N
Enter new mailing address, if applicable:		388
• • • • • • • • • • • • • • • • • • • •		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		5
		ORD KS
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
		*** * *
		Florida

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			☐ Remove
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an effective date is listed, the date must be spectfic and cannot be prior to date of filing or more than 9 ote: If the date inserted in this block does not meet the applicable statutory filing requires	 days after filing) Pursuant to 605 0 ments, this date will not be listed 	J207 d-as
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	: 12:01 a.m. on the earlier	r o
The 30th day after the record is filed.		
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Filing Fee: \$25.00