N14000001573

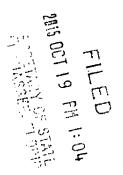
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COVER LETTER

Division of Corporations Feed My Lambs Inc. N14000001573 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: Name of Contact Person Feed My Lambs Inc. 424 79415+. S, St. Petersburg, FL 33707
(City/State and Zin Code) Larry @ the hendrys, net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barb Hendry

(Name of Contact Person)

at 727-345-2269

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	rently filed with 1	the Florid	Dent. of S	state)		_
Feed M (Document Nu					100000	1573
(Document Nu	mber of Corporati	ion (if kno	wn)			
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida</i>	Not For I	Profit Corpo	<i>pration</i> adop	ots the follow	ving
A. If amending name, enter the new name of the corpor						
name must be distinguishable and contain the word "corpo	bs of F	٤, ١	Inc.		The n	iew
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incor	rporated"	or the abbro	eviation "C	orp." or "Inc	c. "
B. Enter new principal office address, if applicable:	42	4 -	79th	St. 3	S ,	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>s</u> s) <u>St.</u>	Pet	ersbo	irg,	FL 3	- <u>5</u> 3707
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>4 a</u>	4 -	794h.	51,5	> ,	_ 33707 三
	St	. Pet	ersbo	1891	FL	33707
D. If amending the registered agent and/or registered o	ffice address in F	lorida, en	ter the nar	ne of the		F1L F1L
new registered agent and/or the new registered offic					525 ES	19
Name of New Registered Agent:					^{ri} ç;	
N_{H}						-
New Registered Office Address:		(Florid	ia street addre	255)	ز ۱۳۳۰ برسد ۱۳۹۰ مرسو ۱۳۹۱ مرسو	- 0+
	. 			, Florida (Zip Cod		····
	(City)			(Zip Cod	le)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		l accept the	obligation	s of the pos	ition.	
	Signature of New	v Registere	ed Agent, if	changing		<u></u>

N:/A.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>N</u>	ohn Doe Mike Jones ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add				
Remove	, , ,			
2) Change Add/ Remove	—— A			
3) Change Add	—— 9			
Remove				
4) Change Add \(\mathcal{N} \big \mathcal{H} \) Remove	}			
5) Change				
Add Remove				
6) Change Add				
Remove				

E., If amending or adding a calding or adding the calditional sheet additional sheet additional sheet and the calding and the	(attach additional sheets, if necessary). (Be specific)				
NA	•				
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:: N/A	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 10/16/15	
Signature	_
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(ryped or printed name or person signing)	
Director	
(Title of person signing)	