P0900060395

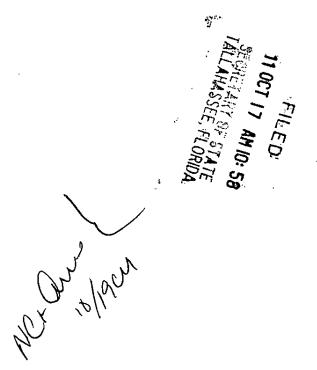
(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	
,		

Office Use Only



600213157876

10/17/11--01059--006 **35.00



COVER LETTER

	•
TO: Amendment Section ' Division of Corporations	
NAME OF CORPORATION: The Fe	ed Company drc.
DOCUMENT NUMBER: P09000	0 40395
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Texnette Ke	Contact Person
The Feed	Company drc.
12175 Collie	Address D/Vd
NAPles Eity/Sta	te and Zip Code
E-mail address: (to be used for fit	ture annual report notification)
For further information concerning this matter, please Texnette Kyszlyk	_
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
□\$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
	Street Address
	Amendment Section
•	Division of Corporations Clifton Building
	661 Executive Center Circle · · · ·

- Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of 1
The Feel Company of x.
(Name of Corporation as currently filed with the Florida Dept. of State)
P09000060795
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: Je Nette Kusz/yk
New Registered Office Address: (Florida street address)
MADIC 34120 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Yam familiar with and accept the obligations of the position.
Sigfature of New Registered Agent, if changing

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

(if not applicable, indicate N/A) Teri O Connell	10 Shares	
Jeanette Kuszlyk	90 Shares	
		<u> </u>

The date of each amendment(s) adoption:		
•	(date of adoption is required)	
Effective date <u>if applicable</u> :		
• • • (1	no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
(v	oting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	-11-11	
selecte	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
-	(Title of person signing)	