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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 21 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Feather trading LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cardina Velasquez
Name of Person

C.V.
Firm/Company

3005 Biscayne Blvd. Suite 3203
Address

Miami, FL 33131
City/State and Zip Code

cvelasquez13@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolinda Velasquez at (786) 397-4188
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & 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

Feather trading LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Oscar Oliwkowicz	300 S Biscayne Blvd Suite 3203 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Marcelo Tunoni	300 S Biscayne Blvd Suite 3203 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 TALLAHASSEE, FLORIDA

Dated _____, _____

 Signature of a member or authorized representative of a member
 Carolina Velasquez
 Typed or printed name of signee