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COVER LETTER

TO: Registration Section
Division of Corporations

SURJECT: Federal Traiding

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:

Vladimir Masnev

Name of Person

Federal Traiding, LLC

Firm/Company

10455 SW 56 Street

Address

Cooper City, FL 33328

City/State and Zip Code

transunitedinc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vladimir Masnev

^{,954} **505-058**0

Name of Person

Area Code & Daytime Telephone Number

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)

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

(Name of the Limited Liabil	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L1300009745	Company were filed on 01-18-20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		* * J
Enter new mailing address, if applicable:		ART US
(Mailing address MAY BE A POST OFFICE BOX)		35.
		5 5 5
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our reco ddress here:	ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	ida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Federal Traiding 11 C.

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
VP_	Tatiana Androsova	6557 Elmwood Road, North Port, FL 34287	Add
			Remove
			Add
			Remove
			
			[] Add
		TALL.	Remove
		in in the second	
		SEE FLORIDA	Remove
		DA	- -
-			_ Add
			Remove
			_
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove

	nter change(s) here: (Attach additional sheets, if necessary.)
Dated August 14	2013
	Thurs
VLADIMIR MASNEV	of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 AUG 20 AM ID: 40
SECRE PART OF STATE
TALLAHASSEE, FLORIG