## L14000146750

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## **COVER LETTER**

TO: Registration Se Division of Cor	
	IPPING FEATHERSOUND LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	AMY TRINGALE
	Name of Person
	SPU SHIPPING FEATHERSOUND LLC
	Firm/Company
	6822 22nd AVENUE NORTH, PMB138
	Address
	ST. PETERSBURG, FL 33710
	City/State and Zip Code
	SCOTT@SUNCOAST-ACCOUNTING.COM
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
D. SCOTT DILLER	R, CPA 941 744-1040
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:
■ \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status 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

## SPU SHIPPING FEATHERSOUND LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flor	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000146390	Company were filed on09/18/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reg	vistared office address on our records enter	the name of the new
registered agent and/or the new registered office ad		the name of the new
Name of New Registered Agent:		14 0C
New Registered Office Address:	Enter Florida street address	15/2 15/2 15/2 15/2 15/2 15/2 15/2 15/2
	, Florida	<u> </u>
New Registered Agent's Signature, if changing Register	·	ESP F
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe, company has been notified in writing of this change	complete performance of my duties, and I am fa agent as provided for in Chapter 605, F.S. Or, red office address, I hereby confirm that the lim	amiliar with and if this document is

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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
MBR	AMY TRINGALE	6822 22ND AVENUE NORTH	<b>=</b> Add
		ST. PETERSBURG, FL 33710	□ Remove
			□ Remove
			Add
			Remove
			□ Add
			GRETARY OF STATE
			R∰ove
			Add
			Remove

is amending any other information, enter change(s) here: (Auac	n additional sheets, y necessary.)
ffective date, if other than the date of filing:	(optional)
ffective date, if other than the date of filing:  ne effective date must be specific, cannot be prior to date of receipt or filed date are the date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
october 27 2014	
aled A h	
Signature of a member or authorized repr	esentative of a member
AMY TRINGALE	
Typed or printed name of	`_! <del></del>

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Filing Fee: \$25.00

14 OCT 29 AM II: 48
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