

L14 000 146 396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

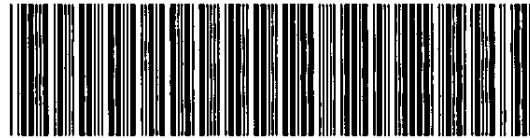
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900265700379

10/29/14--01008--020 \*\*25.00

FILED  
14 OCT 29 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 OCT 29 2:09 PM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPU SHIPPING FEATHERSOUND 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:

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 concerning this matter, please call:

D. SCOTT DILLER, CPA

at ( 941 )

744-1040

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)

☐ \$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

## SPU SHIPPING FEATHERSOUND LLC

Page 1 of 3

14 OCT 29 AM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Zip Code  
Free to comply with t

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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMY TRINGALE	6822 22ND AVENUE NORTH	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33710	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
OCT 29 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

---

---

---

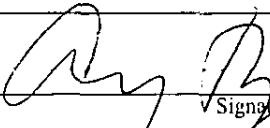
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 27, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
AMY TRINGALE  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 OCT 29 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA