

122 000034028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

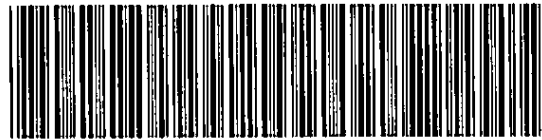
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL
2022 FEB 11 PM 2:11
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**25.00

Y. SCOTT

FEB 19 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIKEL 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:

EIKEL PERAZA

Name of Person

EIKEL TRADING LLC

Firm/Company

550 DOUGLAS RD

Address

OPA LOCKA, FL 33054

City/State and Zip Code

eikelperaza@yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

EIKEL PERAZA

786

412-6424

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGM	EIKEL PERAZA	550 DOUGLAS RD	<input type="checkbox"/> Add
		OPA LOCKA, FL 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EIKEL PERAZA	550 DOUGLAS RD	<input checked="" type="checkbox"/> Add
		OPA LOCKA, FL 33054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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TALLAHASSEE, FL

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

THERE WAS A SPELLING MISTAKE IN THE TITLE OF THE PERSON AUTHORIZED TO MANAGE
THE COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FL

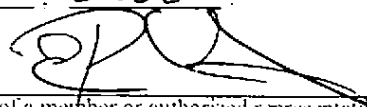
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 4, 2022



Signature of a member or authorized representative of a member

EIKEL PERAZA

Typed or printed name of signee