

L240000052267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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02/03/24--01004--006 **25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EMPYREAN TRADEWINDS 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:

Beaudelaire Dussuau

Name of Person

EMPYREAN TRADEWINDS LLC

Firm/Company

7297 NW 1st Manor

Address

Plantation, FL 33317

City/State and Zip Code

bdussuau@hotmail.com

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

For further information concerning this matter, please call:

Beaudelaire Dussuau

754
at ()

4228869

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

EMPYREAN TRADEWINDS LLC

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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

Dated 02/05 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00