



ORIGINAL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERSUPPLY 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:

VICENTE MEMOLI  
Name of Person

INTERSUPPLY TRADING, LLC  
Firm/Company

8016 NW 68 ST  
Address

MIAMI FL 33166  
City/State and Zip Code

vicente.memoli@zmlogistics.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

VICENTE MEMOLI at 786 293-9081  
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

ORIGINAL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INTERSUPPLY TRADING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07-16-2010 and assigned Florida document number L10000075265.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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

*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 605, 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 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>                   |
|--------------|------------------|----------------|---|
| MGR          | GIORDANO ZAMPINI | 120 NW 128 AVE | <input checked="" type="checkbox"/> Add |
|              |                  | MIAMI FL 33182 | <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         |

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