

L10000089516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

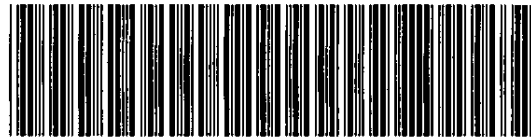
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T CLINE

ORIGINAL
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERSUPPLY GLOBAL 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 GLOBAL 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)

For further information concerning this matter, please call:

VICENTE MEMOLI

786 293-9081

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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INTERSUPPLY GLOBAL TRADING, LLC

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

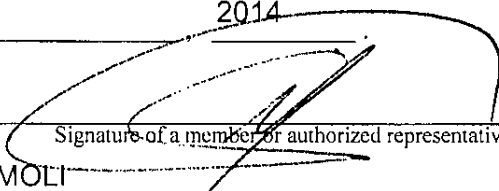
A NEW PARTNER WITH 10% PARTICIPATION.

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

VICENTE MEMOLI

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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