# 40000089516

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## ORIGINAL COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:INTERS	UPPLY GLOBAL TRAI	DING, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	VICENTE MEMOLI			,
	,	Name of Person		
	INTERSUPPLY GL	OBAL TRADING, LLC	;	
		Firm/Company		an E
	8016 NW 68 ST	•		- 32E
	<del>Patrick description</del>	Address	<del></del>	<b>E</b>
	MIAMI FL 33166	•		5 0
		City/State and Zip Code		္က ႏုိ ယ
	vicente.memoli@zm			
		to be used for future annual repo	ort notification)	
For further information c	oncerning this matter, please o	call:	·	
VICENTE MEMOL	1	786 293-	9081	
Name o	f Person		Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			•
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified (	e of Status &

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



### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERSUPPLY GLOBAL TRADING, LLC

(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L10000089516	ty Company were filed on 08-25-2010	and assigned
This amendment is submitted to amend the following  A. If amending name, enter the new name of the l		ZOIL HOV -
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC"	or the abbreviation CD.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS) -	55 Th
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	·
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
<del>-</del>	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GIORDANO ZAMPINI	120 NW 128 AVE	■ Add
		MIAMI FL 33182	_ □ Remove
·			20 L NOV
			Remove 53
			□ Add
			□ Remove
		·	
			□ Remove
			Add
			□ Remove
		<del> </del>	□ Add
			Remove

A NEW PARTNER WITH 10% PARTICIPATION.	<i>).)</i>	
,		
	<del></del>	
		70
Affective date, if other than the date of filing: (optional) he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		7314 HOV
ine date this document is filed by the Florida Department of State)  2014		<del>√</del> 3
Dated COTOBER 27	# <del>1</del>	
Signature of a member of authorized representative of a member	<u> </u>	_ <b>&amp;</b> 5

Page 3 of 3

Filing Fee: \$25.00