

L120000 21624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

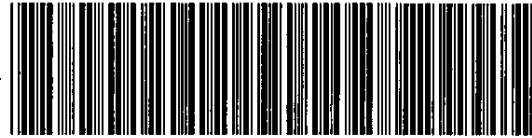
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 13 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOBAL SUPPLY DISTRIBUTION, 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:

JHONNY AHMAR

Name of Person

Firm/Company

1124 KANE CONCOURSE

Address

BAY HARBOR ISLANDS, FL 33154

City/State and Zip Code

JHONNYAHAMR@HOTMAIL.COM

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

For further information concerning this matter, please call:

JHONNY AHAMAR

Name of Person

at **(305) 744-6832**

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

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>
MGRM	JHONNY AHMAR	1124 KANE CONCOURSE	☐ Add
		BAY HARBOR ISLANDS, FL 33154	☒ Remove
MGRM	JESUS DEBSILLE	1124 KANE CONCOURSE	☒ Add
		BAY HARBOR ISLANDS, FL 33154	☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove

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 TALLAHASSEE FLORIDA

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

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 **FEBRUARY 10**, **2014**



Signature of a member or authorized representative of a member
GEORGE DEBSILLE

Typed or printed name of signee

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