

L13000008401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB -1 2013

G. McLEOD

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IOS SUPPLIES 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:

**JOSEPH HUPPERT**

Name of Person

Firm/Company

**17611 SW 48 STREET**

Address

**SOUTHWEST RANCHES FL 33331**

City/State and Zip Code

**JOE@HUPPERTCPA.COM**

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

For further information concerning this matter, please call:

**JOSEPH HUPPERT**

Name of Person

**954 434-4811**

at ( )

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

**IOS SUPPLIES LLC**

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARMELO CARFI		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	XONIA ALONSO DE CARFI		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	MELINA CARFI		<input type="checkbox"/> Add
			<input checked="" 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

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

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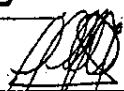
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Dated **JANUARY 24**, 2013



Signature of a member or authorized representative of a member

**ALDO CARFI**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**