

L14000047883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000270681960

03/18/15--01012--007 **25.00

FILED
15 MAR 18 PM 5:39
STATE
TOLSON

APR 10 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTELMARKET 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:

MIGUEL GOMEZ

Name of Person

INTELMARKET LLC

Firm/Company

17621 ESPRIT DR.

Address

TAMPA, FL 33647

City/State and Zip Code

tamybags@gmail.com

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

For further information concerning this matter, please call:

MIGUEL GOMEZ

813 516 0540

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

FILED
15 MAR 18 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INTELMARKET LLC

Page 1 of 3

✓ 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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <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 |
|-------|-------|-------|---------------------------------|

| | | | |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

| | | | |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

FILED
15
R 18
PM 5:39
SECRETARY OF STATE
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 MARCH 9, 2015

Miguel Gomez

Signature of a member or authorized representative of a member

MIGUEL GOMEZ

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
15 MAR 18 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA