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SECRETARY OF STATE
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17 NOV 27 AM 6:49

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Desire International Supply
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:

Jensen Mondosir
Name of Person

Desire International Supply
Firm/Company

13420 NW 7th Avenue
Address

North Miami, FL 33168
City/State and Zip Code

info@desireintsupply.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jensen Mondosir at (305) 527-5664
Name of Person 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

Desire International Supply
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Marie Therese Mondesir	13420 NW 7th Avenue	<input type="checkbox"/> Add
		North Miami, FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marie Therese Mondesir	13420 NW 7th Avenue	<input checked="" type="checkbox"/> Add
		North Miami, FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

n/a

17 NOV 27 AM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

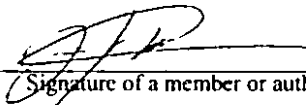
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 22, 2017



Signature of a member or authorized representative of a member

Jensen Hondsiv

Typed or printed name of signee