

L14 000138407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

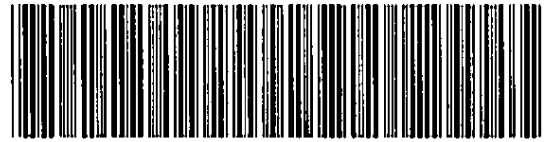
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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>
MGRM	COLEMAN, PATRICK	PO BOX 1678	<input type="checkbox"/> Add
		ANNA MARIA FL 34216	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	COLEMAN, MICHEAL	PO BOX 1678	<input type="checkbox"/> Add
		ANNA MARIA FL 34216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEALS, KAITLIN	PO BOX 1678	<input checked="" type="checkbox"/> Add
		ANNA MARIA FL 34216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

