

U5000182839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

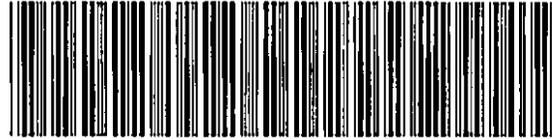
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
REGISTRARS

Amend

NOV 19 2018
D CUSHING

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	ANDRES F. ALOS	814 Ponce De Leon Blvd. #201, Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SILVERBACK FINANCIAL LLC		<input type="checkbox"/> Add
		1901 Ponce De Leon Blvd. Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MACU MANAGEMENT, LLC	814 Ponce De Leon Blvd. #201, Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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