

L18000 114924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

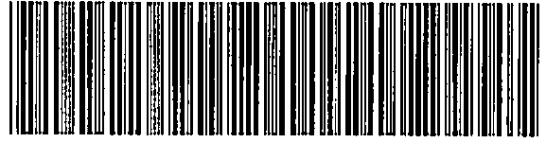
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 15 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	Silvia Moukhtara Nemer	7717 NW 20th Lane	<input type="checkbox"/> Add
		Gainesville, FL 32605	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Silvia Moukhtara Nemer	7717 NW 20th Lane	<input type="checkbox"/> Add
		Gainesville, FL 32605	<input checked="" 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
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			<input type="checkbox"/> Change

