

L19000142245

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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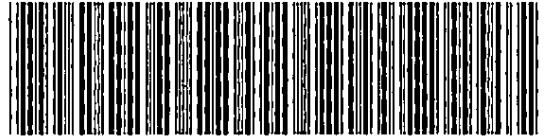
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TALLAHASSEE, FLORIDA

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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>
MGR	Rola Nesheiwat	161 Wading Bird Cir. L-106 Naples, Fl. 34110	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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Dated JUNE 10 2019

[Handwritten Signature]

Signature of a member or authorized representative of a member

Weverson Marcos Capeline

Typed or printed name of signee