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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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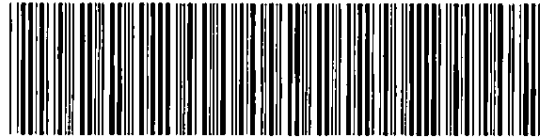
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TALLAHASSEE, FL

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If Changing Registered Agent, Signature of New Registered Agent

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	VALDES, OSMELL	1950 SW GRANELLO TERRACE	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEREZ, CHRISTINA	737 SW PORT ST. LCIE BLVD, STE B	<input type="checkbox"/> Add
		PORT ST LUCIE, FL34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEREZ, MELISSA C	737 SW PORT ST LUCIE BLVD, STE B	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated AUGUST 16 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00