

L17000154485

(Requestor's Name)

(Address)

(Address)

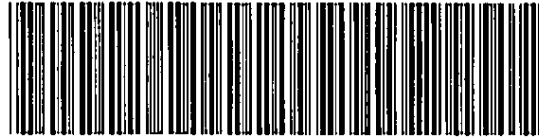
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JULIETTE J. KEOTAHLIAN	5152 ISLEWORTH COUNTRY CI	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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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E. Effective date, if other than the date of filing: _____ (optional)

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(b) The 90th day after the record is filed.

Dated 8 / 17

Signature of a member or authorized representative of a member

MICHAEL G. KEOTAHLIAN

Typed or printed name of signee