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Florida Department of State
Division of Corporations
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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated 03/20, 2024

MJLULMO
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Maria Jacoba Lucino

Typed or printed name of signee

Filing Fee: \$25.00