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((H18000050307 3)))



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Division of Corporations
Fax Number : (850)617-6381

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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	MARIA R. RODRIGUEZ	8300 NW 53 RD STREET SUITE	<input type="checkbox"/> Add
		DORAL, FL 33166	<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
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(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

EDUARDO RODRIGUEZ

Typed or printed name of signer

Filing Fee: \$25.00