

L18000222903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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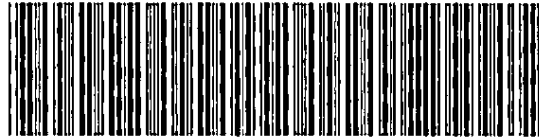
(Business Entity Name)

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O. SIMMONS  
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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>
ambr	Timothy Greene	P.O. Box 5590 Key West, Fl 3045	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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b) The 90th day after the record is filed.

Novemeber 16, 2018

Sammy S. Frailey  
Signature of a member of authorized representative of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee