

L19000073843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

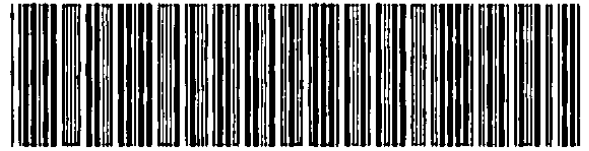
(Business Entity Name)

(Document Number)

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2022 NOV 10 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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 a 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	Danielle Mills	145 SW 13th St	<input type="checkbox"/> Add
		Apt 305	<input type="checkbox"/> Remove
		Miami, FL 33130	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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2022 MAY 10 PM 3:47  
SECRET  
TALLON

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2022/NOV/10 AM 8:47  
SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-01-2010 BY 60322  
UCBAW

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b),

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 1, 2022

/s/ Danielle Mills

Signature of a member or authorized representative of a member

**Danielle Mills**

Typed or printed name of signee

**Filing Fee: \$25.00**