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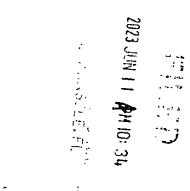
(Request	or's Name)	
(Address)		
(Address)		
(City/Sta	te/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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Office Use Only



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MGR = Manager AMBR = Authorized Member **Title** Name Address **Type of Action** □Add ____ □Remove _____ □Add _____ □Remove _____ □Add ____ □Remove ____ Remove _____ Change ______ □Remove _____ □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records: