

L21000444915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

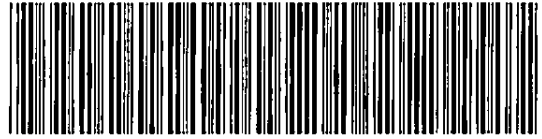
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE

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>
	Tony Roberts	570 SW Nursery Road	<input type="checkbox"/> Add
		Lake City, Florida 32024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kyle Pillars	352 SW Tommy Lites Street	<input checked="" type="checkbox"/> Add
		Lake City, Florida 32024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Timothy Altman	302 Cypress Cove Drive	<input checked="" type="checkbox"/> Add
		Lake City, Florida 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

023 APR 20 11:03 AM
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