

627000 342030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

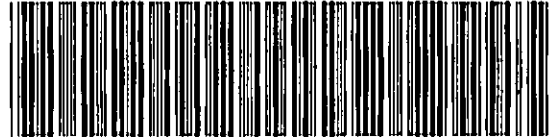
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08/15/22--01006--016 **25.00

22 AUG 15 PM 12:54
DIVISION OF CORPORATION
SECRETARY OF 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>
AMBR	Danny Gist	4303 East Lake Buffum Road	<input type="checkbox"/> Add
		Fort Meade	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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22 AUG 05 PM 12:54

DEPT. OF CORP. AFF. DIVISION OF CORPORATION

22 AUG 15 PM 12:54

22 AUG 15 PM 12:54

(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)(h)

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 August 5, 2022

/s/Danny Gist

Signature of a member or authorized representative of a member

Danny Gist

Typed or printed name of signee

Filing Fee: \$25.00