

L22 000 523 280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

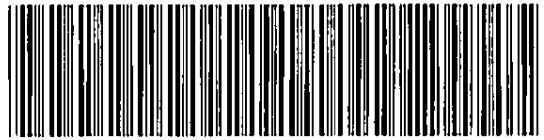
(Business Entity Name)

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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

Title	Name	Address	Type of Action
MGR	MAYKEL D HERNANDEZ DE A	4400 NW 15TH AVE FORT LAUDERDALE, FL 3331	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAYKEL D HERNANDEZ DE A	4400 NW 15TH AVE FORT LAUDERDALE, FL 3331	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE, CHANGE TITLE FOR MAYKEL D HERNANDEZ DE ARMAS FROM MGR TO AMBR.

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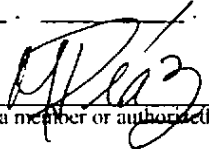
E. Effective date, if other than the date of filing: SAME DATE OF FILING (optional)

(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 February 02 2023


Signature of a member or authorized representative of a member

MAYKEL D HERNANDEZ DE ARMAS

Typed or printed name of signee