

L230000874SC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

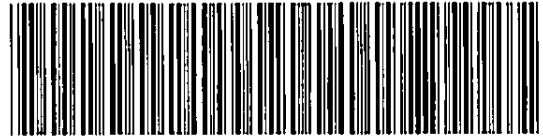
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RIVERS
JUN - 7 2023

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>
AR	YOSLEIXY M RIVERO	24394 SW 214 PL	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	YOSLEIXY RIVERO	24394 SW 214 PL	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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