

L23000295023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

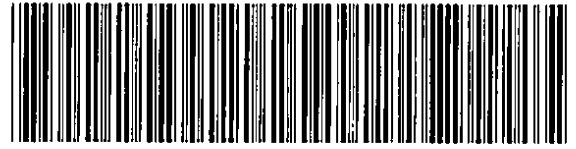
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
SEP 15 2023

Office Use Only



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08/24/23--01028--001 \*\*50.00

FILED  
23 AUG 24 PM 2:52  
TALLAHASSEE, FLORIDA





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>
MGR	RICARDO IRIVARREN	70 ELLIS DRIVE, #8	<input checked="" type="checkbox"/> Add
		BARRIE, ON, L4N 8Z3, CANADA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIELLA LINA IRIVARREN	70 ELLIS DRIVE, #8	<input checked="" type="checkbox"/> Add
		BARRIE, ON, L4N 8Z3, CANADA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESUS M QUINTERO	16860 SW 1st STREET	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<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

