

L24000284471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

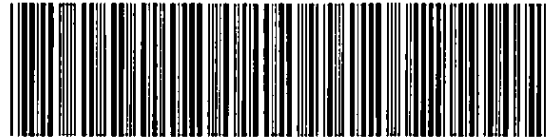
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. DENNIS
01.24.25

Office Use Only



300443263843

FILED
2025 JAN 24 PM 12:04
SECRETARY OF STATE
HALL COUNTY, GEORGIA

RECEIVED
2025 JAN 24 PM 2:05
ST. LOUIS, MISSOURI

If Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

[illegible]

(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)

Dated 1-22-2025



Hector Jesus Alvarez

Typed or printed name of signee

Filing Fee: \$25.00