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Florida Department of State  
Division of Corporations  
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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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.)**

**E. Effective date, if other than the date of filing:** UPON FILING (optional) 10/31/2017  
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Dated April 8 2016

Signature of a member or authorized representative of a member

CLARK L. KEAY JR.  
Typed or printed name of signee