

L17000029989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

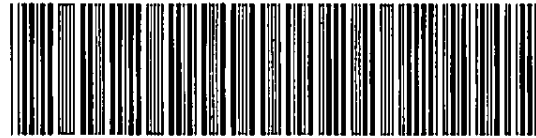
(Business Entity Name)

(Document Number)

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

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DATE 11/20/17 BY 60322

FILED

D SCOTT

NOV 21 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: kadine Mona & Lasana Group llc

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorna Howell

Name of Person

kadine Mona & Lasana Group llc

Firm/Company

1709 Moore Ave

Address

Lehigh Acres Florida 33972

City/State and Zip Code

lornahowell2020@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorna Howell

239  
at ( )

896-8322

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**KADINE MONA & LASANA GROUP LLC**

Page 1 of 3

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>
AMBR	Norm Baldie	1709 Moore Ave	<input checked="" type="checkbox"/> Add
		Lehigh Acres FL 33972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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.

Dated 11/15/2017.

Signature of a member or authorized representative of a member

Typed or printed name of signee