## 47000029989

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

Division of Co					
	ona & Lasana Group llc				
SUBJECT:	Name of Lin	nited Liability Company		<del></del>	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Lorna Howell				
	<u></u>	Name of Person			
	kadine Mona & Lasana G	roup lle			60.00 Filling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Firm Company			
	1709 Moore Ave				
		Address	<del></del>		
	Lehigh Acres Florida 339	72			
		City/State and Zip Code	<u>.</u>		) -1
	lornahowell2020@gmail.co			:	
	E-mail address:	to be used for future annua	d report notifica	dion)	_ ပ
For further information	concerning this matter, please o	all:		· · · · ·	⊃ ¬
Loma Howell		239 8 at ( )	96-8322	: :- : .	ე ⊹
Name	of Person	Area Code	Daytime T	elephone Number	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		Certified Copy	
3441	LIVE ADDRESS.	Configura as as	T&COUDIE	) 4 NDDFCC.	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KADINE MONA & LASANA GROUP LLC				
(Name of the Limited Liability (A Florida La	Company as it now appears on our remited Liability Company)	crords.)		
the Articles of Organization for this Limited Liability Com- lorida document number L17000029989	npany were filed on 02/07/2017		and as	signed
lorida document number				
his amendment is submitted to amend the following:				
L. If amending name, enter the new name of the limited	d liability company here:			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"I.I.C" or the abl	previation "I.	"I"C.
nter new principal offices address, if applicable:			- <del></del>	
Principal office address MUST BE A STREET ADDRES	<u></u>			
		:	151	
nter new mailing address, if applicable:		·	E5	. 1
Mailing address MAY BE A POST OFFICE BOX)		· · · · · ·	:৩	. 140
Huding Busics Phil DE ATOM OTTICE BOX			<del>-</del> =	
			<del>- '5 -</del>	7
. If amending the registered agent and/or register	red office address on our rec	ords, <u>enter i</u>	is: ibe <u>.name</u>	of the
egistered agent and/or the new registered office addres	s here:	· · ·	٩	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	detress		
_		, Florida		
	City	<u>-</u>	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Norm Baldie	1709 Moore Ave	🖼 Add
		Lehigh Acres FL 33972	☐ Remove
			D Change
			■ Add
			Remove
			☐ Change
		<u></u>	
			□ Remove
			Change
			Add
			D.Remove
			Change
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	an effective	ole statutory filing requirement an effective time, at 1	a date of filing or more than 90 days after filing ble statutory filing requirements, this dat an effective time, at 12:01 a.m.	(optional)  desc of filing or more than 90 days after filing.) Pursuant ole statutory filing requirements, this date will not an effective time, at 12:01 a.m. on the

Page 3 of 3

Filing Fee: \$25.00