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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
	ndence concerning this matter	·	
•	Valerie Brizuela Mahon		
	-	Name of Person	
	The Mahon Group LLC		
		Firm/Company	
	1127 S. Osprey Ave.		
		Address	
	Sarasota, FL 34236		
		City/State and Zip Code	
	valeriebmahon@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
Valerie Brizuela Mahon		305 798-3663 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	action
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Mahon Group LLC			22 51 7	: 31
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appear Liability Company)	s on our reco	rds.)	•
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000118622</u>	were filed on Ma	rch 12, 2021		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	ere:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	esignation "L	LC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>ent</u>	er the name	of the new register
Name of New Registered Agent:				
New Registered Office Address:	Enter Flor	rida street add	ress	
			Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	mv duties, Chapter 60.	and I am fa 5, F.S. Or. i	miliar with and f this document is

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 22 Mi 7: 31	Type of Action
MGR	Valeric Brizuela Mahon	1127 S. Osprey Ave	
		Sarasota, FL 34236	□Remove
			Change
MGR	Colin Peter Mahon	1127 S. Osprey Ave	= Add
		Sarasota, FL 34236	ERemove
			Change
			□ Add
			□Remove
			□Change
			□ Add
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fective date, if other than the date of effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Dep	e specific and cannot be pri k does not meet the appl	icable statutory fili	nore than 90 ng requirer	days afte	ional) r filing.) Pursuant to is date will not be	605.020 listed a
ecord specifies a delayed effective of is filed.	date, but not an effective	time, at 12:01 a.m.	on the ear	lier of: (b) The 90th day	after the
October 20	, 2021	·				
	_	horized representative				