

K21 CCC 115622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

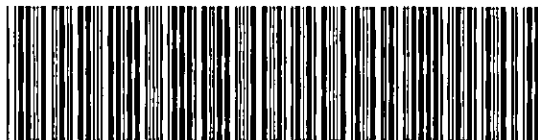
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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NOV 01 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Mahon 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:

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 notification)

For further information concerning this matter, please call:

Valerie Brizuela Mahon

305 798-3663
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

06/01/22 AM 7:31

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Valerie Brizuela Mahon	1127 S. Osprey Ave	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Colin Peter Mahon	1127 S. Osprey Ave	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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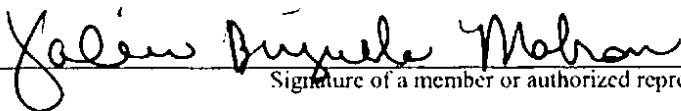
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 20, 2021



Signature of a member or authorized representative of a member

Valerie Brizuela Mahon

Typed or printed name of signee