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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

NC  
Amend

Office Use Only



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06/25/13--01022--006 \*\*30.00

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2013 JUN 25 AM 8:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
JUN 26 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Coggin Custom Homes, 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:

**Redus Coggin**

Name of Person

**Coggin Homes**

Firm/Company

**Post Office Box 613497**

Address

**Watersound, Florida 32461**

City/State and Zip Code

**redus.coggin@gmail.com**

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Redus Coggin**

Name of Person

**850 259-6189**

at ( )

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Sunset Builders, L.L.C.

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/28/2002 and assigned  
Florida document number L02000005177.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Coggin Custom Homes, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

34 Cullman Avenue

Santa Rosa Beach, Florida 32459

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Post Office Box 613497

Watersound, Florida 32461

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

, Florida

*City*

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

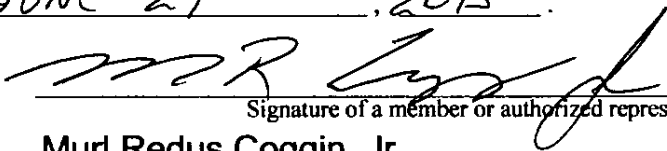
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2013 JUL 25, PM 8:20  
STATE OF CALIFORNIA  
FALLBASS ST. OFF. OF REG. A

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 24, 2013.



Signature of a member or authorized representative of a member

Murl Redus Coggin, Jr.

Typed or printed name of signee

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Filing Fee: \$25.00

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