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<del></del>	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Coby Const	truction Group LLC		
Sobdect.		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	•	. Coby Hinkle  Name of Person		
		Name of Person		
	CCG LLC			
		Firm/Company		
		301 Pine Glen Ct.		
	•	. Address		
	ſ	Englewood, FL 34223		
		City/State and Zip Code		
	co	by.hinkle@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)	
For further information	concerning this matter, please of	call:		
Aı	ndrew Barnes	at (_772 )_	473-4423	
Name of Person		Area Code & Daytim	e 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	Sectificate of Status & Certificate Copy (additional copy is enclosed)	
Regis Divis P.O. l	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	



May 23, 2012

COBY HINKLE CCG LLC 301 PINE GLEN CT ENGLEWOOD, FL 34223

SUBJECT: COBY CONSTRUCTION GROUP LLC

Ref. Number: L08000011306

We have received your document for COBY CONSTRUCTION GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 212A00015098

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coby Col	nstruction Group Ll	LC	<u>.</u>
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	Jan. 31, 2008	and assigned
Florida document numberL08000011306	<u></u> . ·		
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the lin	nited liability company he	ere:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADD	ORESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi		our records, enter ti	ne name of the nev
	<del> </del>	TAL	72
Name of New Registered Agent:		F. 20	
New Registered Office Address:		AR SSE	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	E	Inter Florida street addi	
•	City	, Florida H	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 <u>Title</u> <u>Name</u> **Address Type of Action** MGRM **Andrew Barnes** 301 Pine Glen Ct. ✓ Add Remove Englewood, FL 34223 ☐ Add Remove \_\_\_ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 6/2/12 Signature of a member or authorized representative of a member Coby Hinkle
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00