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COVER LETTER

TO:	egistration Section ivision of Corporations	
eun iez	: McCoig GROUP, LLC. Name of Limited Liability Company	
SUBJE	Name of Limited Liability Company	
The encl	ed Articles of Amendment and fee(s) are submitted for filing.	
Please re	rn all correspondence concerning this matter to the following:	
	Kenneth T. McCoig	
	McCoig GROUP, LLC.	
	P. O. BOX 5800 Address	
	Winter Park, FL 32793 City/State and Zip Code MCCOIG @ gmail. Com E-mail address: (to be used for future annual report notification)	
For furth	information concerning this matter, please call:	
Ken	Name of Person at (407) 310-2852 Area Code Daytime Telephone Number	
Enclosed	s a check for the following amount:	
\$25.	Filing Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \text{ Filing Fee, }\Bigcup \$Certificate of States (additional copy is enclosed) \$\Bigcup \$Certified Copy (additional copy is enclosed)	us &
	ailing Address: Street Address: Pagistration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McCoia George, ILC

(Name of the Limited Liability Come	inany of it now appears on our records)	
(A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>LØ9ØØØ44431</u> .	ny were filed on 05-04-2009 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Liab	ability 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)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2023 AUG -4 A SECRETARY O TALL AHASSEE.	
	e address on our records, enter the name of the the we register	<u>ed</u>
agent and/or the new registered office address here:	ALE STEEL	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 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 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>	Name	Address	Type of Action
MGR	Jennifer L. Gaspaeri	P.O. BOX 5800 Winter Park, FL 32793	⊠Add
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			Change
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ctive date, if other than the date of filing:	(option	al)
effective date is listed, the date must be specific and cannot be prior to date of filing or	more than 90 days after the	ing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutory fil ument's effective date on the Department of State's records.	ing requirements, this o	ate will not be listed
inicia s'effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (h)	The 90th day after
filed.	i. on the carner or. (b)	The John day after
Thed.		
ed July 30, 2023.		
TU -11		
- Lui La	X	
Signature of a member or authorized representaty	ke of a member	
Signature of a member of authorized representati	,	

Filing Fee: \$25.00