

LO9000044431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

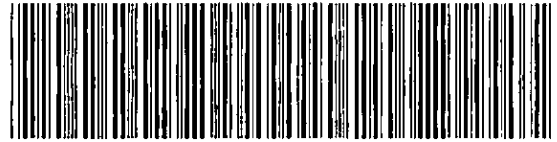
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500413199505

08/04/23--01016--013 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG -4 AM 8:04

FILED

VH

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: McCoig 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:

Kenneth T. McCoig  
Name of Person  
McCoig Group, LLC.  
Firm/Company  
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 further information concerning this matter, please call:

Kenneth T. McCoig at ( 407 ) 310-2852  
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

McCoig Group, LLC.

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

MGR Jennifer L Gasparri P.O. Box 5000  
Winter Park, FL 32793 ☒ Add

☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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

*[This section is crossed out with a large X.]*

2023 AUG -4 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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 July 30, 2023

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

Kenneth T McCoy

Typed or printed name of signee