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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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JAN 1 3 2015 J. HARRIS

Geoffrey H Coggan LLC 6320 Lake Smith Circle Windermere, FL 34786

Florida Department of State Division of Corporations

Re: Amend the Articles of Incorporation.

December 23, 2014

Attached is the relevant paperwork to amend the name of my current LLC.

Geoffrey Howard Coggan LLC to Coggan Realty LLC.

My daytime telephone number is 407-257-9043

Return Address is:

6320 Lake Smith Circle Windermere, FL 34786

Yours Sincerely,

Geoffrey Coggan

COVER LETTER

TO: Registration Sec Division of Corp			
	EY HOWARD COGGA	AN LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	GEOFFREY COGG	AN	
		Name of Person	
	GEOFFREY HOWA	RD COGGAN LLC	
		Firm/Company	·
	6320 LAKE SMITH	CIRCLE	
		Address	<u>-</u>
	WINDERMERE, FLO	ORIDA 34786	
		City/State and Zip Code	
	GCOGGAN@CFL.R	R.COM to be used for future annual report notifications	otion)
For further information on			anon)
	ncerning this matter, please ca		
GEOFFREY COGO		at () 2579043 Area Code Daytime T	
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	e 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

GEOFFREY HOWARD COGGAN		
. (<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on JULY 28TH 2014	and assigned
Florida document number L14000117745	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
COGGAN REALTY LLC		
The new name must be distinguishable and end with the words "L	imited 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 ADD	RESS)	2014 DEC
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Enter new mailing address, if applicable:		mo p m
(Mailing address MAY BE A POST OFFICE BOX)		Test -
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B. If amending the registered agent and/or regi	· · ·	r the name of the ne
registered agent and/or the new registered office add	uress nere:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
<u></u> -	, Florida _	Zip Code
	Cuţ	esp cone

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(The e the d	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State) d December 23 Rg , 2014 .
(The e the d	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State) d Decombe 23 kg , 2014 . Signature of a member or authorized representative of a member
The e the d	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State) d Decombe: 23 Rg , 2014

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA