

# L140001M45

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

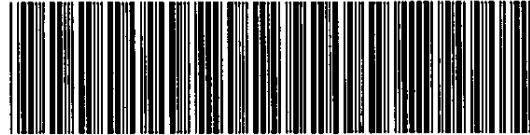
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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12/30/14--01013--001 \*\*60.00

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2014 DEC 30 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 13 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.

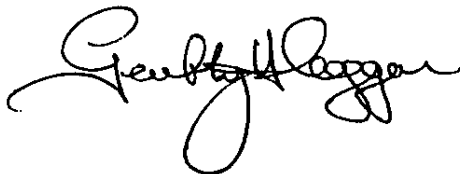
My daytime telephone number is 407-257-9043

Return Address is:

6320 Lake Smith Circle  
Windermere, FL 34786

Yours Sincerely,

*Geoffrey Coggan*

A handwritten signature in black ink, appearing to read "Geoffrey Coggan", written in a cursive style.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GEOFFREY HOWARD COGGAN 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:

GEOFFREY COGGAN

\_\_\_\_\_  
Name of Person

GEOFFREY HOWARD COGGAN LLC

\_\_\_\_\_  
Firm/Company

6320 LAKE SMITH CIRCLE

\_\_\_\_\_  
Address

WINDERMERE, FLORIDA 34786

\_\_\_\_\_  
City/State and Zip Code

GCOGGAN@CFL.RR.COM

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

For further information concerning this matter, please call:

GEOFFREY COGGAN

at ( 407 ) 2579043

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



If attending 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

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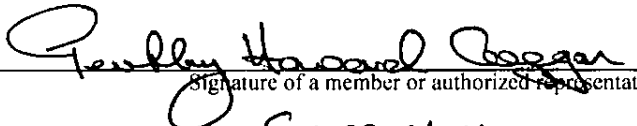
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E. Effective date, if other than the date of filing: JAN 2ND 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 23rd, 2014.

  
Signature of a member or authorized representative of a member  
Geoffrey Howard Coggan  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA