64 0000 00789

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300259239693

05/02/14--01016--020 **25.00



T SHARLS NAY 08 5014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cogent Building 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:

Jerrell K. Smith

Name of Person

Cogent Building Group, LLC

Firm/Company

PO Box 815

Address

Point Clear, AL 36564

City/State and Zip Code

kenny@cogentbuild.com

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

For further information concerning this matter, please call:

Jerrell K. Smith

_{....}850 255-0108

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cogent Building Group, LLC			•	
(Name of the Limited Li (A F	iability Compan lorida Limited Lis	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number L0400000789	ity Company w	were filed on 1/5/2	2004	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabil	ity company here:		
The new name must be distinguishable and end with the word	s "Limited Liabil	ity Company," the desi	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		302 Wegner A	venue, Cantonm	ent, FL 32533
(Principal office address MUST BE A STREET ADDRESS)				1 20
Enter new mailing address, if applicable:			LAHASSE	C H
(Mailing address MAY BE A POST OFFICE BOX)			لير. ديا	G. 321
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, enter t	
Name of New Registered Agent:	lerrell K. Sm	nith		
New Registered Office Address:	302 Wegner	Avenue		
		Enter Florida .		
<u>(</u>	Cantonment		, Florida <u>325</u>	533
		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 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>	Name	Address	Type of Action
			□ Remove
			☐ Add
			□ Remove
			Add Add Remove
			HASSEN Francisco
			FOR AND CONTROL OF THE PROPERTY OF THE PROPERT
			Remove
			
		 	Add
			□ Remove
			
			Add
			□ Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F-04	
1110 01	tive date, if other than the date of filing: 5/15/14 (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	April 30, 2014
	Incell Em
(Signature of a member or authorized representative of a member Jerrell K. Smith
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 MAY -2 AM ID: 41
SECRETARY OF STATE
TALLAHASSEF, FLORING