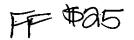
L07000027513

(Requestor's Name)		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2008

PETER ATWAL 2369 ALAQUA DRIVE LONGWOOD, FL 32779-3123

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 708A00034429

COVER LETTER

Division of Corporations	
SUBJECT: COGNITION NETWORKS LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Amendment and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PETER ATWAL	
(Name of Person)	
(Firm/Company)	
2369 ALAQUA DRIVE	
(Address)	ALL SEC
LONGWOOD, FL 32779	
(City/State and Zip Code)	55.35
For further information concerning this matter, please call:	STATE LORIDA
PETER ATWALat (321) 230-125	
(Name of Person) (Area Code & I	Daytime Telephone Number)
Enclosed is a check for the following amount:	

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

☑ \$25.00 Filing Fee

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) Ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L07000027513</u> .	any were filed on 10/03/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here;
The new name must be distinguishable and end with the words "Li" "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	A_∞ ≈
(Principal office address MUST BE A STREET ADDRESS)	in E
Enter new mailing address, if applicable:	ASSEC P
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:	office address on our records, enter the name of the ne
New Registered Office Address:	
	(Enter Florida street address)
	, Florida
	(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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANK IOPPOLO	9101 BAY POINT DRIVE ORLANDO, FL 32819 US	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if hecessary)	
		FLORIDA	
Dated MAY 22	TAland .	·	
_	_	authorized representative of a member	<u>.</u>
_	PETER ATWAL Typed or	printed name of signee	
	i ypcu or	Prince during or ordinar	

Page 2 of 2

Filing Fee: \$25.00