

L070000028654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

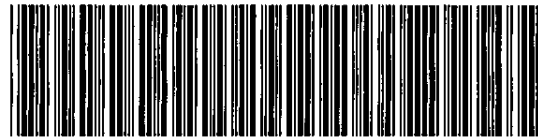
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cognispan

(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:

Marysol Benning

(Name of Person)

Cognispan LLC

(Firm/Company)

2020 SW 64th ave

(Address)

N. Lauderdale, Fl. 33068

(City/State and Zip Code)

For further information concerning this matter, please call:

Highly Confidential

Marysol Benning

(Name of Person)

at (954) 812-5336

(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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cognispan LLC

(Present Name)
(A Florida Limited Liability Company)

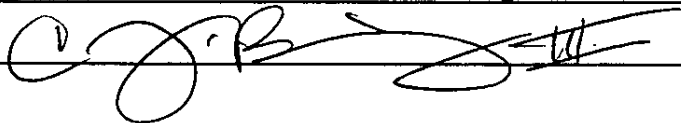
FIRST: The Articles of Organization were filed on March 16, 2007 and assigned document number L07000028654.

SECOND: This amendment is submitted to amend the following:

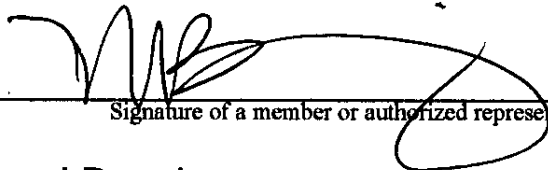
Owner/Manager of company should be Cleveland J Benning III ,
Marysol Benning is also manager after Cleveland. All other information
should remain the same. Thank you.

I acknowledge and accept this
change to Cognispan's article of organization

Cleveland J Benning III



Dated March 27, 2007.



Signature of a member or authorized representative of a member

Marysol Benning

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Filing Fee: \$25.00