

108000114054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

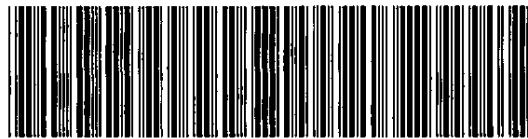
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 26 2010

T. HAMPTON
OCT 27 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CO GENT INVESTMENT, 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:

RASHIBAT MAJEKODUNMI

Name of Person

CO GENT INVESTMENT, LLC

Firm/Company

1416 W KENNEDY BLVD, #4

Address

TAMPA, FL 33647

City/State and Zip Code

gcpharmacy @ ymail.com

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

For further information concerning this matter, please call:

RASHIBAT MAJEKODUNMI, 813 251-8600

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 INVESTMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/15/08 and assigned Florida document number LO8000114054.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N A

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Nia

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

2/A

New Registered Office Address:

Digitized by srujanika@gmail.com

Enter Florida street address

6

Florida

Zin Coda

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	AZEEZAT OmoLu	20312 CHESTNUT GROVE DR TAMPA FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

change address → UCHENNA OmoLu (MGRM) : Address

3959 Van Dyke Rd #168

Lutz, FL 33558

Dated 10/25, 2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 26 2010

Signature of a member or authorized representative of a member

Rashidat Mayetodunmi

Typed or printed name of signee