## 109000033243

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SECRETARY OF STATE

T. CLINE

JUL 14 2009

**EXAMINER** 

## **COVER LETTER**

	ration Section on of Corporations	
SUBJECT: _	Internet Marketing Design & Development, LLC  Name of Limited Liability Company	
	Name of Limited Liaothty Company	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return al	I correspondence concerning this matter to the following:	
	William C. Reasner	
	Name of Person	
	Firm/Company	
	3063E Heron Lake Dr.	
	Address	
	Kissimmee, FL 34741  City/State and Zip Code	206 TA1
	chris@wcrwebmanagement.com  E-mail address: (to be used for future annual report notification)	DUL OF THE PARTY O
For further info	ormation concerning this matter, please call:	2009 JUL 13 AM II: 28 SECRETARY OF STATE TALLAHASSEE, FLOORID.
	William Reasner at (407) 729-2548	FLOR FLOR
	William Reasner at (407) 729-2548  Name of Person Area Code & Daytime Telephone Number	28
Enclosed is a cl	heck for the following amount:	
\$25.00 Filin	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &

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

Internet Mark (Name of the Limited (A	eting Desig Liability Compa Florida Limited L	n & Developm ny as it now appears ( liability Company)	ent, LLC on our records.		
The Articles of Organization for this Limited Liz Florida document numberL09000033		were filed on	04/06/2009	and assig	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
S	OM Cognitive	e Labs, LLC			
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Company	," the designation		breviation
Enter new principal offices address, if applica	3063E Heron L	ake Dr.	ZEE SEC	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		Kissimmee, FL	34741	JUL RE A	graphical State .
Enter new mailing address, if applicable:		3063E Heron L	ake Dr.	ARY OF STA	i i i i i i i i i i i i i i i i i i i
(Mailing address MAY BE A POST OFFICE )	Kissimmee, FL	34741	RIDA RIDA		
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	r records, <u>ente</u>	r the name of	the new
New Registered Office Address:	v Registered Office Address: 3063E Heron Lake Dr.				
Treat Registered Office Audited.	Enter Florida street address				
	Ł	Kissimmee	, Florida	34741	
		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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		10	Add Remove
			Add Remove
		TALLAHAS	Add Themove
			<u></u> ()
			Add Remove
D. If ame	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
-			_
-			<u> </u>
Dated	lila	ber or authorized representative of a member	
	W:1	led or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00