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SECRETARY OF STATE.

AUG 28 2015 O. BRUCT

# **COVER LETTER**

TO: Registration Division of C			·
SUBJECT:	COGRA CONSUI	Iting & Invest Med Liability Company	rents
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	spondence concerning this matter to	o the following:	
	David O.	Name of Person  Consulting  Firm/Company	
		Name of Person	<del></del>
	Cohna	Consulting	
		Firm/Company	
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		Address	
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	F-mail address: (to	A-CONSULTINGE VAN	W. COM EM S
For further information	n concerning this matter, please cal	II:	W. Com AHASSEE. F
David	E-mail address: (to n concerning this matter, please cal Ondis	at (352) 242	7377 F.S.I.A.
Nam	e of Person	Area Code Daytime	: Telephone Number 171
Enclosed is a check fo	r 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

(Name of the Limited Liability Compa (A Florida Limited	Investments	
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 2000	and assigned
Florida document number <u>L 09 000041716</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAMe	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:	SAMC 5	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
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		RY 27
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, e	ter the name of the nev
registered agent and/or the new registered office address ner	<u>*</u> .	12: 1
Name of New Registered Agent:	5	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
<del></del> -	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Name **Address Type of Action** ☐ Add \_□ Remove \_□ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove  $\ddot{\omega}$ **⊈**□ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

D. If amending any other information, enter chan				
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E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not meet document's effective date on the Department of State	the applicable sta			
If the record specifies a delayed effective date (b) The 90th day after the record is filed.	e, but not an e	ffective time, at	12:01 a.m. on	the earlier of:
Dated August 24th,	7015.			
Signature of a mem	M. One ber or authorized re	presentative of a mem	ber	
David	Λ. ÔΛ.	of signee		

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Filing Fee: \$25.00