(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nam	e)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			

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C. LEWIS
FEB 2 6 2013
EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp		The state of the s	and the second s
SUBJECT: COG	Name of Limite	L , L L C ed Liability Company	·
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	DANIEL M	Name of Person	
		Name of Person	
	COGNA G	Firm/Company	$\mathcal{C}$
	1721 SW	GLORIA LA, Address	√ E
	_	Address	······································
	PORT ST. L	UCIE, FL 34 City/State and Zip Code	953
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifical	ion)
For further information co	ncerning this matter, please ca	11:	
Daniel UK	Pong	at ( <u>772) 626-0</u> Area Code & Daytime T	232
Name of	reison	Alea Code & Dayume 1	ereprione Number
Enclosed is a check for the	: following amount:		
<b>№</b> \$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

FILED SECRETARY OF STATE DIVISION OF CONTURATION

2013 FEB 25 AM 11: 46

COGNA GLOBA	al, LLC	
( <u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Constitution of Control of Contr	Company were filed on 0//	0.7/20/3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	(7)	, Florida Ziv Code
	Citv	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: SECRETARY OF STATE OIVISION OF STATE MGR = Manager MGRM = Managing Member 2013 FEB 25 AMII: 46 **Type of Action Title** Address <u>Name</u> NAKAMYA HEDRICK MS. 1222 RAYMOND AVENUE MGR FORT PIERCE, FL VRemove 34950 US MEMBER NAKAMYA HEDRICK M21 SW GLORIA LANE WAD PORT St. LUME, FL 34953 Remove Remove Remove Remove

D. lf ai	mending any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)
	·	SECRETARY OF STATE  2012 TO CONTURA  201
		2013 FEB 25 AM 11: 46
		AP(1): 46
		<del></del>
Dated _	02/22/20/3	
	Daniellhong	
	Signature of a member or authorized representative of a member $\mathcal{OHW}\mathcal{H}$	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00