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10/08/2014 11:42 FAX 417452093

BLALOCK WALTERS

40014014

10/8/2014

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

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Email Address: spennington@blalockwalters.com

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 OCT -8 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDACognilive, 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 7/16/2014 and assigned
Florida document number L14000112233.

This amendment is submitted to amend the following:

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

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Michael John McNeilly	29425 Saddlebag Trail	<input checked="" type="checkbox"/> Add
		Myakka City, Florida	<input type="checkbox"/> Remove
		34251	
Co-President	Heather Alderman Futch	511 East Main Street	<input checked="" type="checkbox"/> Add
		Bowling Green, Florida	<input type="checkbox"/> Remove
		33834	
MGR	Michael J. McNeilly	29425 Saddlebag Trail	<input type="checkbox"/> Add
		Myakka City, Florida	<input checked="" type="checkbox"/> Remove
		34251	
MGR	Heather A Futch	29425 Saddlebag Trail	<input type="checkbox"/> Add
		Myakka City, Florida	<input checked="" type="checkbox"/> Remove
		34251	
			<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.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 8, 2014

Michael J. McNeilly
Signature of a member or authorized representative of a member
Michael J. McNeilly
Typed or printed name of signer

FILED
2014 OCT -8 PM 12:24
CLERK OF STATE
TALLAHASSEE, FLORIDA