Division of Corporations Electronic Filing Cover Sheet

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(((H14000236171 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON,

Account Number : 076666003611

Phone Fax Number

: (941)748-0100 : (941)745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **COGNILIVE LLC**

	CONTRACTOR OF THE PROPERTY OF
Certificate of Status	<u> </u>
Certified Copy	0
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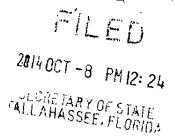
OCT - 9 2014

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	City	Zíp Code
		Florida
New Registered Office Address:	Enter Florida street ad	dress
Taute Of from Aceleroica righti,		
Name of New Registered Agent:		
registered agent and/or the new registered offle		, <u> </u>
B. If amending the registered agent and/or	r remetarad office address on our tecc	ords, enter the name of the new
intuing duaress MAT BE ATOST OFFICES IN	947	
(Mailing address MAY BE A POST OFFICE B	ov.	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new principal offices address, if applicat		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of t	the limited liability company here:	
This amendment is submitted to amend the follow	wing:	•
Florida document number L14000112233		
The Articles of Organization for this Limited Lial	bility Company were filed on $\frac{7/16/201}{201}$	4 and assigned
•		
Cognitive, LLC (Name of the Limited	d Llabillty Company as it now appears on our re- A Florida Limited Liability Company)	cords.)
CAGOGIVA		

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

Title	Name	Address Type of Action	
President	Michael John McNeilly	29425 Saddlebag Trail	
		Myakka City, Florida	
		34251	
Co-President	Heather Alderman Futch	511 East Main Street	
		Bowling Green, Florida Remove	
		33834	
MGR	Michael J. McNeilly	29425 Saddlebag Trail	
		Myakka City, Florida	
	,	34251	
MGR	Heather A Futch	29425 Saddlebag Trail	¥,
	•	Myakka City, Florida	~~ [][
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Effective date, if o	ther than the date of be specific, cannot be pri-	f filing:or to date of receipt or filed date	(options and cannot be more than 90 days afte	ai) r
the date this document	is filed by the Florida Dop	partment of State)		
Dated Octob	er 8	3014		
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Filing Fee: \$25.00

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