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COVER LETTER

	tion Sec of Corp	ction porations			
Cogr	nilive L	LC			
SUBJECT:	<u>-</u>	Name of Limit	ed Liability Company		
The enclosed Artic	cles of z	Amendment and fee(s) are subn	nitted for filing.		
Please return all co	orrespoi	ndence concerning this matter to	o the following:		
		Heather Alderman Futch			
			Name of Person	-	
		Cognilive LLC			
			Firm/Company		
		2202 N West Shore Blvd St	nite 200		
			Address		
		Tampa, FL 33607			
			City/State and Zip Code		
		heather@cognilivingtoday.co			75.
		E-mail address: (to	be used for future annual report notifi	cation)	0.000
For further inform	ation co	neerning this matter, please cal	II:		
Heather Alderman	n Futch		941 779-3574 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	ESTIN 13
Enclosed is a chec	k for th	e following amount:			1.,
□ \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co	of Status &
Mailing / Registra Division P.O. Bo	ation S n of Co	ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cognilive LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on August 8, 2023	an	d assigr	ied
Florida document number L14000112233				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviatio	on "L.L.C	
Enter new principal offices address, if applicable:	2202 N West Shore Blvd Suite 200			
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33607			
			.	_
Enter new mailing address, if applicable:	2202 N West Shore Blvd Suite 200		133	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33607	:.		· ·
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		-	5	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ime of the	new r	
agent anutor the new registered office address here:		70.73		
Name of New Registered Agent:		r-1	ယ်	
Name of New Registered Agent.		· -		
New Registered Office Address:	Enter Florida street address			
	Florida _	7in ('oda	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Heather Alderman Futch	2025 Sylvester Ave Unit P2	□Add
		Lakeland, FL 33803	□Remove
			■ Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date in an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of k does not meet the applicable state	(optional tiling or more than 90 days after filing atory filing requirements, this date	.) Pursuant	10 605:020
f an effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior to date of k does not meet the applicable state artment of State's records.	filing or more than 90 days after filing story filing requirements, this date	(.) Pursuant : will not !	no 60 5:0 20 he listed a
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa e record specifies a delayed effective d	e specific and cannot be prior to date of k does not meet the applicable state artment of State's records.	filing or more than 90 days after filing story filing requirements, this date	(.) Pursuant : will not !	no 60 5:0 20 he listed a
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the Period of the P	e specific and cannot be prior to date of k does not meet the applicable statuartment of State's records. late, but not an effective time, at 12	filing or more than 90 days after filing atory filing requirements, this date at the control of the carrier of	(.) Pursuant : will not !	no 60 5:0 20 he listed a

Filing Fee: \$25.00