## L15000065359

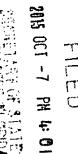
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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N. Culligas DOT LIS SOM



September 15, 2015

JOHN OWENS 8044 MONTGOMERY ROAD CINCINNATI, OH 45202

SUBJECT: COHESION LLC Ref. Number: W15000060607

We have received your document for COHESION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 615A00019450

## **COVER LETTER**

TO:		stration Sec sion of Corp			•	•
		Avonos LLC	;			
SUBJE	CT:	•	Name of Limi	ited Liability Company	<u> </u>	7
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn	all correspon	dence concerning this matter	to the following:		
			John Owens			
				Name of Person		•
			Cohesion			
				Firm/Company		· '
			1908 W Morrison Ave			
				Address	-	•
			Tampa, FL 33606			
			jowens@cohesion.com	City/State and Zip Code		-
			-	to be used for future annual repor	t notification)	
Por furt	her in	formation co	ncerning this matter, please or	all:		
John O	wens			813 999-313 at ( )	11	
		Name of	Person		aytime Telephone Number	<del></del>
Enclose	nd is a	check for the	following amount:			
\$25	5.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

2015 OCT -7 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Avonos 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 3/25/2015 and assigned

Florida document number L15000065359

This amendment is submitted to amend the following:

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

Cohesion Consulting LLC

The new name must be distinguishable and contain 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:

## New Registered Agent's Signature, if changing Registered Agent;

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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
		<u></u>	Add
			☐ Remove
			□ Change
			DAdd
			□ Remove
			☐ Change
<del></del>			Add
			□ Remove
			_ □ Change
			□ Add
			☐ Remove
			☐ Change

amending any other informati	on, enter change(s) here: (Attach additional she	eis, ij necessary.)
		<del>1000 - 100</del>
-		
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4		7 F
		<b>1</b> 2
an effective date is listed, the date must	ate of filing:  be specific and cannot be prior to date of filing or more than the does not meet the applicable statutory filing require partment of State's records.	90 days after filing.) Pursuant to 605.0207 (3)(b
record specifies a delayed The 90th day after the reco	effective date, but not an effective time, a rd is filed.	t 12:01 a.m. on the earlier of:
October 6th	, 2015	
doh	Our	
John Owens, Manager	ignature of a member or authorized representative of a mem	nber
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00