

# L17000241981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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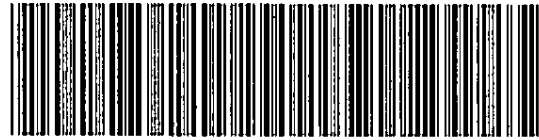
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 DEC -4 AM 9:25

2017 DEC -4 AM 10:17

12/11/2017 10:17 AM

# Oswald & Oswald, P.L.

ATTORNEYS AT LAW <sup>206</sup>  
222 S. WESTMONTE DRIVE, SUITE ~~210~~  
ALTAMONTE SPRINGS, FLORIDA 32714

Douglas W. Oswald, Esquire

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[oswaldlaw@cfl.rr.com](mailto:oswaldlaw@cfl.rr.com)

November 29, 2017

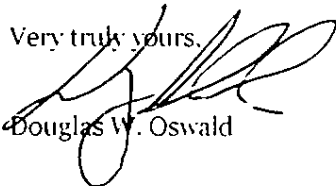
DIVISION OF CORPORATIONS  
Post Office Box 6327  
Tallahassee, Florida 32314

**RE: COHEN TRUST HOLDINGS WG, LLC, A FLORIDA LIMITED LIABILITY COMPANY**  
**- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION**

Dear Registration Section Representative:

Enclosed are the Articles of Amendment referenced above. Please coordinate filing the enclosed and should there be any questions or concerns with the enclosed, please call me at my phone number listed above.

Very truly yours,



Douglas W. Oswald

/dhm  
Enclosures  
dhm-c:\winword\letters\FL Dept. Corporations

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cohen Trust Holdings WG, LLC a Florida  
Name of Limited Liability Company limited liability company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jolyon Cowan  
Name of Person

\_\_\_\_\_  
Firm/Company

12 Kent Sq. U2  
Address

Brookline, MA 02446  
City/State and Zip Code

jolyoncowan@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jolyon Cowan at ( 617 ) 750-1293  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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**

Cohen Trust Holdings WG, 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 11/27/2017 and assigned  
Florida document number L17000241981.

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 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:**

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 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>        | <u>Type of Action</u>                      |
|--------------|-------------------|-----------------------|--|
| MGR          | Jenny W. Cohen    | 181 Storin Ave        | <input type="checkbox"/> Add               |
|              |                   | Winter Park, FL 32789 | <input checked="" type="checkbox"/> Remove |
|              |                   |                       | <input type="checkbox"/> Change            |
| MGR          | Richard S. Cohen  | 181 Storin Ave        | <input type="checkbox"/> Add               |
|              |                   | Winter Park, FL 32789 | <input checked="" type="checkbox"/> Remove |
|              |                   |                       | <input type="checkbox"/> Change            |
| MGR          | John Cowan        | 12 Kent Sq. 122       | <input type="checkbox"/> Add               |
|              |                   | Brookline, MA 02446   | <input checked="" type="checkbox"/> Remove |
|              |                   |                       | <input type="checkbox"/> Change            |
| AMBR         | Richard S. Cohen  | 181 Storin Ave        | <input checked="" type="checkbox"/> Add    |
|              | Revocable Trust   | Winter Park, FL 32789 | <input type="checkbox"/> Remove            |
|              |                   |                       | <input type="checkbox"/> Change            |
| AMBR         | Jenny W. Williams | 181 Storin Ave        | <input checked="" type="checkbox"/> Add    |
|              | Revocable Trust   | Winter Park, FL 32789 | <input type="checkbox"/> Remove            |
|              |                   |                       | <input type="checkbox"/> Change            |
|              |                   |                       | <input type="checkbox"/> Add               |
|              |                   |                       | <input type="checkbox"/> Remove            |
|              |                   |                       | <input type="checkbox"/> Change            |

[illegible]

17 DEC -14 AM 9:25

U.S. DEPT. OF STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 28, 2017

~~Signature of a member or authorized representative of a member~~

Richard S. Cohen, Trustee  
Typed or printed name of signer