

L19 0000197290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

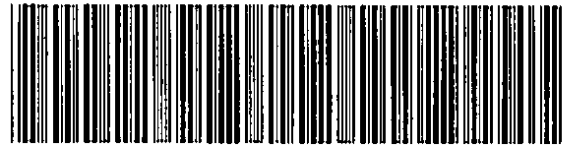
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

611

Office Use Only



400374344344

10/14/21--01021--003 **50.00

2021 DEC -2 PM 6:59

PM 11:57 AM

D BRUCE
DEC 13 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2021

WILLIAM J. WRIGHT
6528 SHADY OAK DR
JACKSONVILLE, FL 32277

SUBJECT: COGS OF WAR LLC
Ref. Number: L19000197290

We have received your document for COGS OF WAR LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 421A00025862

2021 DEC -2 PM 0:59

DEC 2 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cogs Of War

Name of 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:

William J Wright

Name of Person

Cogs of War

Firm/Company

6528 Shady Oak dr

Address

Jacksonville Florida 32277

City/State and Zip Code

irishgriffin1488@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven R. Thornton 904 7751083

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 DEC -2 PM 5:59
Filing
Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cogs of War 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 7/25/2021 and assigned
Florida document number L19000197290.

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)

6528 shady oak Dr

Jacksonville FL 32277

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6528 shady oak Dr

Jacksonville FL 32277

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:

S.R. Thornton

New Registered Office Address:

6528 Shady Oak Dr

Enter Florida street address

Jacksonville

Florida

32277

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.

S.R. Thornton

If Changing Registered Agent, Signature of New Registered Agent

[Handwritten signature of S.R. Thornton]

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>
Manager	S.R. Thornton	6528 Shady Oak Dr.	<input checked="" type="checkbox"/> Add
		Jacksonville Florida 32277	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Treasurer	Patricia Cochran	6528 shady oak Dr	<input checked="" type="checkbox"/> Add
		Jacksonville Florida 32277	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	William J Wright	6528 shady oak Dr	<input checked="" type="checkbox"/> Add
		Jacksonville Fl 32277	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 DEC 31 PM 5:59
FILED
FBI

2021 DEC -2 PM 6:59
SECURITY
TAILORING

2021 DEC -2 PM 6:59
SECURITY
FALLADAST

75

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.

William L. Wright
Signature of a member or authorized representative of a member

William j wright

Typed or printed name of signee