H9000199294

| (Requestor's Name) | |
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| (Address) | 800330878778 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 09/20/1901004001 *•25.00 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | 2019. |
| Special Instructions to Filing Officer: | |
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| SUBJECT: _ | | Name of Limi | ted Liability Company | | , , , , , , , , , , , , , , , , , , , |
| The enclosed A | aticles of . | Amendment and fee(s) are subt | nitted for filing. | | |
| Please return al | ll correspo | ndence concerning this matter t | to the following: | | |
| • | | Thomas O'Neil | | | |
| | | | Name of Person | | |
| | | Auto Express South | | | |
| | | | Firm/Company | | |
| | | 4852 Palm Beach Blvd | | | |
| | | Fort Myers FL 33905 | Address | | |
| | | tom@autoexpresssouth.com | City/State and Zip Code | - | . |
| | | E-mail address: () | to be used for future annual r | eport notification | 11 |
| For further infe | ormation c | oneerning this matter, please ea | all: | | |
| Thomas O'Nei | İ | | 78) 801 | -8399 | |
| • | Name o | f Person | Area Code | Daytime Telep | phone Number |
| Enclosed is a c | heck for tl | ne following amount: | | | |
| ■ \$25.00 Fili | ng Fee | □ \$30 00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is encl | | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registr Divisio P.O. Be | ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314 | Registrati Division o Clifton B | 7COURIER A ion Section of Corporations uilding cutive Center C | |

Tallahassee, FL 32314

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Tallahassee, FL 32301



September 12, 2019

THOMAS O'NEIL AUTO EXPRESS SOUTH 4852 PALM BEACH BLVD FORT MYERS, FL 33905

SUBJECT: THE ENTRUST GROUP FBO THOMAS D O'NEIL IRA 7230007890

LLÇ

Ref. Number: L19000199294

We have received your document for THE ENTRUST GROUP FBO THOMAS D O'NEIL IRA 7230007890 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Letter Number: 619A00018892

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ENTRUST GROUP FBO THOMAS DO'NEIL IRA 7230007890 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 $\frac{08/05/2019}{1}$ _ and assigned Florida document number 1.19006199294 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cobalt Asset Holdings LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

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> | Address | Type of Action |
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