

119000199294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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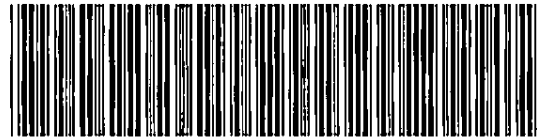
(Business Entity Name)

(Document Number)

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ENTRUST GROUP FBO THOMAS D O'NEIL IRA 72300078
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:

Thomas O'Neil

Name of Person

Auto Express South

Firm/Company

4852 Palm Beach Blvd

Address

Fort Myers FL 33905

City/State and Zip Code

tom@autoexpresssouth.com

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

For further information concerning this matter, please call:

Thomas O'Neil

781

801-8399

at ()

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

SEP 13 2003



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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
LLC
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.

Irene Albritton
Regulatory Specialist II

Letter Number: 619A00018892

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

THE ENTRUST GROUP FBO THOMAS D O'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 08/05/2019 and assigned
Florida document number L19000199294.

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 "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

City

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 29th, 2019

Thomas D O'Neil

Typed or printed name of signee