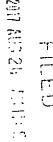
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(Re	questor's Name)	
(Ad	dress)	
bA)	diess)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Co	cument Number)	<u> </u>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
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J. HARRIS



COVER LETTER

	Registration So Division of Cor			
SUBJEC		Coast Auto Transport, LLC		
000000		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		William J Thompson Jr.		
			Name of Person	
		Forgotten Coast Auto Tran	nsport, LLC	
			Firm/Company	
		PO Box 937		
			Address	
		Oakland, FL 34760		
			City/State and Zip Code	
		joey.thompson99@gmail.co		
			to be used for future annual report notif	ication)
For further	er information c	oncerning this matter, please co	all:	
William .	J Thompson		407 775-0688	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$ 25.0	0 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

Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on June 19th 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRI	ame, enter the new name of the limited liability company here: c distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: ddress MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new	
		337 <u>일 본</u>
		Ψ <u>Π</u>
Enter new mailing address, if applicable:		. i (,
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ered office address on our records, ent	er the name of the nev
	ess here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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>Fitle</u> <u>Name</u>		Address	Type of Action
MGR	William J Thompson, Jr.	7 W. Sadler Avenue Oakland, FL	
		34760	5 .0
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ective date, if other than the date of effective date is listed, the date must be specified.	rific and cannot be prio	r to date of filing or me	(optional	e.) Pursuant to 605	i.02/
te: If the date inserted in this block doe cument's effective date on the Departme	es not meet the appli- ent of State's records	cable statutory filing 5.	requirements, this dat	e will not be liste	ad a
record specifies a delayed effec The 90th day after the record is	tive date, but no filed.	ot an effective ti	me, at 12:01 a.m	. on the earlie	er :
August 24th	2017				_
/	77	·			7197
- Rioda	re of a member or out	norized representative	a member	<u>::!</u>	
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	TO I A MEMBER OF BUIL	интестернозовинуе (n a memuej	- 7.	\leq
William J Thompson, Jr.	• •			- 12.	-

Page 3 of 3

Filing Fee: \$25.00