

# L17000132952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

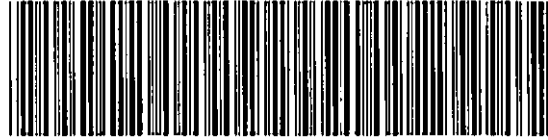
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*using form*

Office Use Only



200322211762

12/30/18--01022--029 \*\*43.75

01/14/19--01029--019 \*\*11.25

FILED  
JAN 14 2019  
CLERK OF SUPERIOR COURT  
JAN 14 2019 PM 12:00

*Amend*

JAN 12 2019

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Forgotten Coast Auto Transport, LLC

\_\_\_\_\_  
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 Thompson Jr.

\_\_\_\_\_  
Name of Person

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

PO Box 937

\_\_\_\_\_  
Address

Oakland, FL 34760

\_\_\_\_\_  
City/State and Zip Code

joey.thompson99@gmail.com

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

For further information concerning this matter, please call:

William J Thompson

at ( 407 ) 775-0688

\_\_\_\_\_  
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

FILED  
JAN 10 2008  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2018

WILLIAM J THOMPSON JR  
PO BOX 937  
OAKLAND, FL 34760

SUBJECT: FORGOTTEN COAST AUTO TRANSPORT, LLC  
Ref. Number: L17000132952

We have received your document for FORGOTTEN COAST AUTO TRANSPORT, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

We will need an additional \$11.25 in order to be able to send you the certified copy your requested.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 018A00026155

*PLEASE SEE ATTACHED NEW AMENDMENT ON CORRECT FORM  
ALSO ENCLOSED IS A CHECK FOR \$11.25*

*William "Toey" Thompson  
407-775-0688*

RECEIVED  
2019 JAN - 7 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Forgotten Coast Auto Transport

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

RECEIVED  
19 JUL -7 9:12:01  
TALLAHASSEE  
STATE  
SECRETARY OF  
STATE

The Articles of Organization for this Limited Liability Company were filed on June 19th 2017 and assigned  
Florida document number L17000132952.

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:**

3709 Wicklow Circle

**(Principal office address MUST BE A STREET ADDRESS)**

Tallahassee, FL 32309

**Enter new mailing address, if applicable:**

3709 Wicklow Circle

**(Mailing address MAY BE A POST OFFICE BOX)**

Tallahassee, FL 32309

**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          | William J Thompson Jr   | 7 W Sadler Ave.<br>Oakland, FL 34760 | <input type="checkbox"/> Add               |
|              |   | (Mailing Address - PO Box 937)       | <input checked="" type="checkbox"/> Remove |
| MGR          | W. Joseph Thompson Exempt<br>GST Under James R Thompson<br>& Joanne M Thompson Revoc<br>Trust dtd 031 | PO Box 937                           | <input type="checkbox"/> Change            |
|              |   | Oakland, FL 34760                    | <input type="checkbox"/> Add               |
|              |   |                                      | <input checked="" 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            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Removing ownership of William J Thompson Jr. & W. Joseph Thompson Exempt GST Trust Under James R

Thompson & Joanne M. Thompson Revoc Trusts dtd 031. Joshua M Thompson will be the sole member.

**E. Effective date, if other than the date of filing:** 12/10/2018 **(optional)**

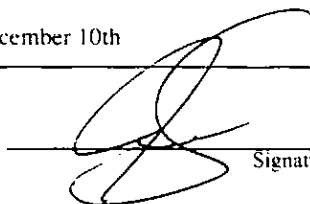
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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 December 10th 2018



Signature of a member or authorized representative of a member

William J Thompson Jr.

Typed or printed name of signer