

L24000075994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

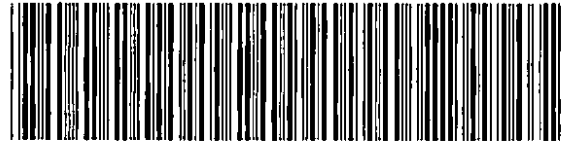
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cannot use r/a form to
cancel ~~affidavits~~ ^{affidavits} in brs
Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2024

LORA LACHAPPELLE
104 PINECREST CIRCLE
SAN MATEO, FL 32187

SUBJECT: TRUMP THAT AUTO TRANSPORT LLC
Ref. Number: L24000075994

We have received your document for TRUMP THAT AUTO TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

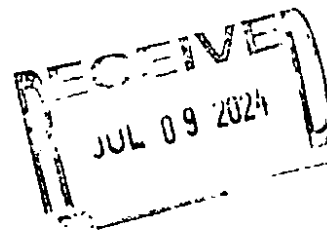
CANNOT USE STATEMENT OF CHANGE OF REGISTERED AGENT FORM TO AMEND AUTHORIZED PERSONS. PLEASE FIND ENCLOSED AND COMPLETE THE REQUIRED ARTICLES OF AMENDMENT.

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) 245-6000.

Rebekah White
Regulatory Specialist III

Letter Number: 324A00011697



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trump That 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:

Lora LaChappelle
Name of Person

Trump That Auto Transport LLC
Firm/Company

104 Pinecrest circle
Address

San Mateo FL 32187
City/State and Zip Code

trumpthattransport@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lora LaChappelle at (848) 333-3829
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


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

Trump That Auto Transport 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 2/12/24 and assigned
Florida document number L24000075994

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)

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:

Lora LaChappelle
104 Pinecrest Circle
Enter Florida street address
San Mateo, Florida 32187
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

[illegible]

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

Please make AP (Flip name to be correct
LaChappelle, Lora
LAST / First

E. Effective date, if other than the date of filing: _____ (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

6/5/24

Signature of a member or authorized representative of a member

Lora La Chappelle

Typed or printed name of signee