

L20000245300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

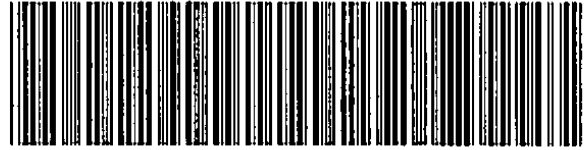
(Business Entity Name)

(Document Number)

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R. WHITE  
DEC 18 2020

# COVER LETTER

Registration Section  
Division of Corporations

OBJECT: #SendIT LTL LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jimmy Burnsich  
Name of Person

SendIT LTL LLC  
Firm/Company

2383 Timber LN  
Address

Orange Park, FL, 32065  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jimmy Burnsich at (904) 302-3848  
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

# SendIt LTL LLC

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

Articles of Organization for this Limited Liability Company were filed on Aug 22, 2020 and assigned  
document number L20000245300.

amendment is submitted to amend the following:

**Amending name, enter the new name of the limited liability company here:**

SendIt LTL, LLC

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Amending principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Amending mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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*

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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 any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

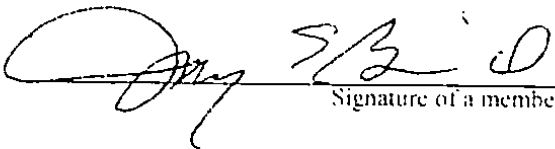
Multiple horizontal lines for amending information.

**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 document is filed.*

Signature of \_\_\_\_\_



Signature of a member or authorized representative of a member

Jimmy E. Bucasich

Typed or printed name of signer