

L19000297604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

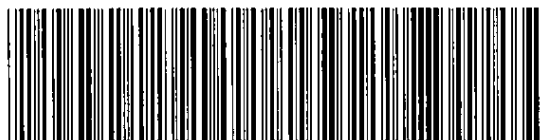
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SIGN, SEAL AND DELIVER MOBILE NOTARY SERVICES 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:

VEANDREA F. JACKSON

Name of Person

SIGN, SEAL AND DELIVER LOGISTICS LLC

Firm/Company

P O BOX 82636

Address

TAMPA, FL 33682

City/State and Zip Code

VEANDREAFJACKSON@GMAIL.COM

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

For further information concerning this matter, please call:

VEANDREA F JACKSON

Name of Person

at ( 813 ) 665-5128

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**

SIGN, SEAL AND DELIVER MOBILE NOTARY SERVICES 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 12/5/2019 and assigned  
Florida document number L19000297604.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SIGN, SEAL AND DELIVER LOGISTICS 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)

9320 N 28TH ST

TAMPA, FL 33612

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

(Mailing address MAY BE A POST OFFICE BOX)

P O BOX 82636

TAMPA, FL 33682

**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	TYRONE JACKSON	P O BOX 82636	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33682	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VEANDREA JACKSON	P O BOX 82636	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33682	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee