

L200000 56632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

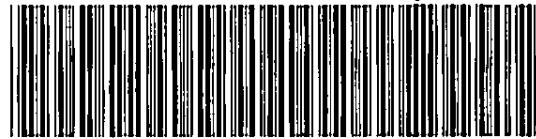
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/12/20 01009--010 **25.00

FILED

2020-OCT-9 P 12:50

LLC
N/C
E
Amend.

DC

10/9/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2020

ESPARANZA BENNETT
6202 DU CLAY RD
JACKSONVILLE, FL 32244

SUBJECT: BENNETTS EXPIDITED TRANSFER LLC
Ref. Number: L20000056632

We have received your document for BENNETTS EXPIDITED TRANSFER 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 020A00018844

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bennetts Expedited Transfer 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:

Esperanza Bennett

Name of Person

Firm/Company

6202 Du clay rd

Address

Jacksonville,FL 32244

City/State and Zip Code

bennettsexpedited@yahoo.com

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

For further information concerning this matter, please call:

Esperanza Bennett

904

480-1380

at ()

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**

Bennetts Expedited Transfer 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 February 19, 2020 and assigned
Florida document number L20000056632.

This amendment is submitted to amend the following:

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

Bennetts Expedited Transfer 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)

6202 Du clay rd

Jacksonville, FL 32244

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:

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>
AMBR	Constance Tisby	77 Abercorn Ct	<input type="checkbox"/> Add
		Deatsville,AL 36022 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Quantisha Martin	7920 Merrill Road #1809	<input type="checkbox"/> Add
		Jacksonville,Fl 32277 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Curtis Tisby	77 Abercorn Court	<input type="checkbox"/> Add
		Deatsville,AL 36022 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shakoora Martin	1441 Montauk Ave.	<input type="checkbox"/> Add
		Jacksonville ,Fl 32210 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrea Yarborough	3207 Henserson Mill Road	<input type="checkbox"/> Add
		Atlanta,Ga 30341 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.

10/9/2020

020

Esperanza Ben

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Esperanza Bennett

Typed or printed name of signee

Filing Fee: \$25.00