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COVER LETTER

Registration Section Division of Corporations

IECT: #S	ndI+ LTL L Name of Lin	LC	
	Name of Lin	nited Liability Company	
inclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
e return all correspo	ondence concerning this matter	to the following:	
	Jimny	Burnsicle Name of Person	
	/	Name of Person	
	SendIF LTL	LLC	
		Name of Person LLC Firm/Company	
	2383 Timbe	r LIV	
		Address	· · · · · · · · · · · · · · · · · · ·
	Drange PARK	City/State and Zin Code	
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	Sendit LTL (Pro- E-mail address: (to be used for future annual report notifi	ication)
further information c	oncerning this matter, please c	all:	
<i>i</i>	- /	<i>.</i>	
Name o	MSIC/4 f Person	at (<u>404</u>) <u>302</u> - Area Code Daytime	Telephone Number
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closed is a check for th	ne following amount:		
3 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	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

TO ARTICLES OF ORGANIZATION OF

SendI+ 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 Compan	y were filed on A	14922, 2020	and assigned
da document number <u>L 2 000 245300</u> .			
amendment is submitted to amend the following:			
f amending name, enter the new name of the limited liab	bility company he	<u>re</u> :	
end It LTL LLC			
ew name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "LLC" or the abbr	eviation "L.L.C."
r new principal offices address, if applicable:			
ncipal office address MUST BE A STREET ADDRESS)		-	
r new mailing address, if applicable:			
ling address MAY BE A POST OFFICE BOX)			
f amending the registered agent and/or registered office t and/or the new registered office address here:	address on our re	cords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	It to amend the following: It the new name of the limited liability company here: LLC able and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." address, if applicable: IST BE A STREET ADDRESS) if applicable: I POST OFFICE BOX) ed agent and/or registered office address on our records, enter the name of the new registered ered office address here: Stered Agent: Ice Address: Enter Florida street address Florida City Zip Code dure, if changing Registered Agent: Internal as registered agent and agree to act in this capacity. I further agree to comply with the lative to the proper and complete performance of my duties, and I am familiar with and lative to the proper and complete performance of my duties, and I am familiar with and position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a change in the registered office address. Thereby confirm that the limited liability		
		. Florida	the name of the new registered The name of the new registered The second of the new registered The code of the second of the
	City		Zip Code
Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
sions of all statutes relative to the proper and complete at the obligations of my position as registered agent as	2 performance of n provided for in Cl	ny duties, and I am fai hapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

lanager authorized Member		
<u>Name</u>	Address	Type of Action
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re date, if other tha	n the date of filing: _			(optional) is after filing.) Pursuant to 60	
i the date macricu m	ius biock does not meet	me applicable statul	iting or more than 90 day ory-filling requiremen	s after filing.) Pursuant to 60 ts, this date will not be lis	5.0207 sted as
nt s effective date on	the Department of State	's records.			
specifies a deleved a	Eustina data hut aat uu	.66	6.		
d.	recine date, our not an e	riective time, at 12:	of a.m. on the earlier	of: (b) The 90th day after	er the
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- Other	Signature of a memi	per or authorized repre	sentative of a member		
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