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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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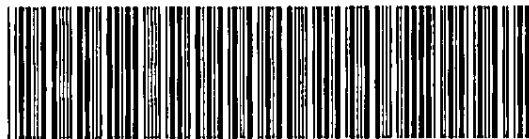
(Business Entity Name)

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2021 OCT 15 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

Y. SCOTT

OCT 26 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Send It Transportation 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:

Jacqueline Rucker  
Name of Person

Send It Transportation LLC  
Firm/Company

Po Box 28  
Address

Midville, GA 30441  
City/State and Zip Code

Jacqueline.rucker@hotmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Jacqueline Rucker at (706) 825-5150  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SEND IT TRANSPORTATION 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 5/28/21 and assigned  
Florida document number 121000250061.

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)

SEND IT TRANSPORTATION LLC  
7500 NE 120<sup>th</sup> STREET  
OKEECHOBEE, FL 34972

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 28  
Midville, GA 30441

**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:

Jacqueline Rucker

New Registered Office Address:

7500 NE 120<sup>th</sup> Street

Enter Florida street address

Okeechobee  
City

Florida

34972  
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.*

Jacqueline Rucker  
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	Nicole Crespo	7480 NE 120 <sup>th</sup> street	<input type="checkbox"/> Add
		Opreechobee, FL 34912	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jacqueline Rucker	PO Box 28	<input checked="" type="checkbox"/> Add
		Midville, GA 30441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jacourtney Cummings	PO Box 28	<input checked="" type="checkbox"/> Add
		Midville, GA 30441	<input checked="" type="checkbox"/> Remove
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(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.

Dated 10/11, 2021

*Jaqueline Turk*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

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Typed or printed name of signee

**Filing Fee: \$25.00**