

# L22000102671

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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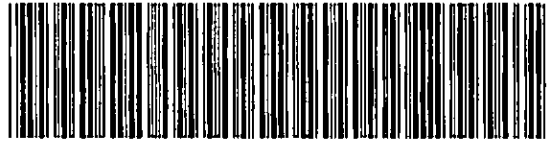
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# COVER LETTER

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

SUBJECT: THE BOOKER DISPATCHING 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:

JONI D BOOKER  
Name of Person

THE BOOKER DISPATCHING LLC  
Firm/Company

P O BOX 20851  
Address

ST PETERSBURG, FL 33742  
City/State and Zip Code

JONI@THEBOOKERLOGISTICS.COM  
E-mail address: (to be used for future annual report notification)

2022 NOV 30 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

JONI D BOOKER 727 270-0683  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

THE BOOKER DISPATCHING 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 02/28/2022 and assigned  
Florida document number L22000102671.

This amendment is submitted to amend the following:

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

N/A

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)**

1700 66TH ST N

STE 104

ST PETERSBURG, FL 33710

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

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

N/A

New Registered Office Address:

1700 66TH ST N, STE 104

*Enter Florida street address*

ST PETERSBURG

Florida 33710

*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>
N/A	N/A	P O BOX 20851	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		ST PETERSBURG, FL 33742	<input checked="" type="checkbox"/> Change
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DATE 11/8/82 BY 1030

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

UPDATING THE PRINCIPLE ADDRESS & REGISTERED AGENT ADDRESS TO:

1700 66TH ST N, STE 104

ST PETERSBURG, FL 33710

UPDATING THE AUTHORIZED PERSON ADDRESS TO:

P O BOX 20851

ST PETERSBURG, FL 33742

MAILING ADDRESS: NO CHANGE

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SECRETARY OF STATE  
TALLAHASSEE, FL

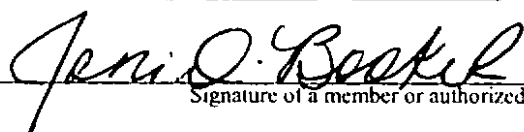
**E. Effective date, if other than the date of filing: 11/01/2022 (optional)**

(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 record is filed.

Dated NOVEMBER 10, 2022



Signature of a member or authorized representative of a member

JONI D BOOKER

Typed or printed name of signee