

**L24000167121**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and file number (shown below) on the top and bottom of all pages of the document.

((H24000283392 3)))



H2400028339234EC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : INC AUTHORITY, LLC  
Account Number : 120240000004  
Phone : (775)329-7721  
Fax Number : (775)376-9207

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 AUG 23 PM 2:55

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jwilson74.jw@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GET IT THERE ASAP, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

M. SOLOMON  
AUG 23 2024

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GET IT THERE ASAP, 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 04/08/24 and assigned  
Florida document number L24000167121

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 "LLC."

**Enter new principal offices address, if applicable:** 7191 Cypress Lake Drive Ste #3 1050  
**(Principal office address MUST BE A STREET ADDRESS)** Fort Myers, FL 33907

**Enter new mailing address, if applicable:** 7191 Cypress Lake Drive Ste #3 1050  
**(Mailing address MAY BE A POST OFFICE BOX)** Fort Myers, FL 33907

**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

\_\_\_\_\_  
City **Florida** 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**

2024 AUG 23 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |

2024 AUG 23 PM 2:55  
 FILED  
 U.S. DEPT. OF JUSTICE  
 DISTRICT OF COLUMBIA

SECRETARY OF STATE  
IN ASSISTANCE

SECRETARY OF STATE  
IN ASSISTANCE - ORIGINAL

2024 AUG 23 PM 2:55

DEED

**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.

Dated 9-22-2024

Joshua Wilson  
Signature of a member or authority

Signature of a member or authorized representative of a member

Joshua Wilson

Typed or printed name of signee