

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name : MARKS GRAY, P.A.

Account Number : I20040000191 Phone : (904)398-0900

Fax Number : (904)399-8440

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

Email Address: ____ ecarter@marksgray.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JZ EXPEDITED LOGISTICS, LLC

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To: (850)6176383,28256 Page: 3/5 Date: 2/19/2016 10:10:11 AM

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

12 Expedited Logistics, LLC				
(Name of the Limited Liability (A Florida	y Company at it now appears on Limited Limbility Company)	our records.)		
The Articles of Organization for this Limited Liability Company were filed on 01/30/2009 and assigned Florida document number L09000010188				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new same must be distinguishable and contain the words "Limit	ted Liability Company," the design	estion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST RE A STREET ADDR.				
IL HUGING WIRK HUWER WALLA DE A DANGEA ADDA.	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
UNGHANE BUSINS MAI DE A SUDI VI PILE BUAI				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	treet oddress		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered	l Agenti			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and accept the obligations of my position as registered agbeing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my gent as provided for in Chap d office address, I hereby co	duties, and I am familiar with and oter 605, F.S. Or, if this document is		

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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

Title	Name	Address	Type of Action
Secretary	Gloria Matthews	12813 Cool Water Way	[] Add
		Jacksonville, FL 32246	■ Rensove
			CI Change
Secretary	Sara Holloway	4512 Ish Brant Rd. W.	
		Jacksonville, FL 32210	□ Remove
			Change
			D Add
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Page 2 of 3

From: GFI FaxMaker To: (850)6176383,28256 Page: 5/5 Date: 2/19/2016 10:10:11 AM (((H16000042873 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable stantory 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 ____ 21118 Page 3 of 3

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