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| (Requestor's Name) |
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| TO: Registration Se Division of Cor | | | | |
|--|---|---|--|--------|
| SUBJECT: | Jones Train | ited Liability Company | | |
| | | • | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | James | Name of Person | | |
| | | Firm/Company | | • |
| | | Pitti/Company | | |
| | 437 W | Address Rd | T. | \$3 B |
| | | City State and Zip Code | 32405 | #PR 20 |
| | Jones a p | to be used for future and all report notif | ication) | TO C |
| For further information of | concerning this matter, please ca | • | Site. | |
| James Name o | L Jones Tr | | ーちょう各 e Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo | |
| W. 11 | ING ADDRESS. | CTDFTT/COUDI | ER ADDRESS. | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Janus Transfer 466 | | | | | |
|--|--|----------------------|--------------|-------------------|-------------|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on ou pility Company) | <u>ir records.</u>) | | | |
| The Articles of Organization for this Limited Liability Company we | ere filed on | 20/2012 | and as | ssigned | 1 |
| Florida document number <u> </u> | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liabilit | | | | | |
| Jones Hot Shot Freight The new name must be distinguishable and end with the words "Limited Liability | 446 | | | | |
| The new name must be distinguishable and end with the words "Limbed Liability | y Company," the designa | ntion "LLC" or the a | abbreviation | "L.L.C.' | • |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| · - | | | : - } | | |
| | | | | -17 -17 | |
| Enter new mailing address, if applicable: | | | | <u>~~</u> _ | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | · · · · - | | |
| - | | | · | - T | |
| D 16 14 14 14 14 14 14 14 14 14 14 14 14 14 | | | | . | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | e address on our | records, enter | tne mamo | 2 40 P LC | ie new |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| New Registered Office Address. | Enter Florida str | eet address | | | |
| | | , Florida | | | |
| | City | | Zip Cod | e | |
| 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| he date this document is filed by the Fl | e date of filing: not be prior to date of receipt or filed date and cann lorida Department of State) | (optional) of be more than 90 days after |
| the date this document is filed by the Floated $\frac{4/20/15}{}$ | lorida Department of State) | |
| the date this document is filed by the Floated $\frac{4/20/15}{}$ | e date of filing: not be prior to date of receipt or filed date and cann lorida Department of State) Signature of a member of authorized epresentate Typed or printed name of signee | • |

Page 3 of 3

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