## #106000056720

| (Re                                     | questor's Name)    |             |  |  |
|---|--------------------|-------------|--|--|
| (Address)                               |                    |             |  |  |
| (Ad                                     | ldress)            |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL.       |  |  |
| (Bu                                     | siness Entity Nan  | ne)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
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SCRINGE FLORID'

K.SALY EXAMINER OCT 30 2012

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

12 OCT 29 PM 1:33 SECAL MARY OF STATE

|   | DCOURIERS: LLC                      | a 10. San 7   | TASSEE, FLORID      |
|---|-------------------------------------|---|---------------------|
| (Name of the Limite   | A Florida Limited Liability Comp    | opears on our records.)<br>any)   |                     |
| The Articles of Organization for this Limited   | Liability Company were filed or     | e de production de la company | and assigned        |
| Florida document number <u>L. D.C. D.O.O.C</u>  | 56720 . " " " "                     | our parties of the control of the co  | was te subjecti     |
| This amendment is submitted to amend the fo   | llowing:                            |   |                     |
| A. If amending name, enter the new name   | of the limited liability compan     | y here:   |                     |
| E & S COURIER JERY  | ice LLC                             |   |                     |
| The new name must be distinguishable and end w "L.L.C."                               | with the words "Limited Liability C | ompany," the designation "LLC"  | or the abbreviation |
| Enter new principal offices address, if appli   | icable:                             |   |                     |
| (Principal office address MUST BE A STRE  | ET ADDRESS)                         |   |                     |
| · · ·   | . 1                                 |   | <del></del>         |
|   |                                     |   |                     |
| Enter new mailing address, if applicable:   |                                     |   |                     |
| (Mailing address MAY BE A POST OFFICE   | E BOX)                              | Extended to the state of the state of the   |                     |
|   | <del></del>                         |   | <del></del>         |
| B. If amending the registered agent and registered agent and/or the new registered of |                                     | on our records, enter the n   | ame of the new      |
| Name of New Registered Agent:   | <u> </u>                            | e e e e e e e e e e e e e e e e e e e   | * 1 1 1             |
| New Registered Office Address:  | the many of                         | But the Contraction   | ; ;                 |
|   | and the second of the second        | Enter Florida street address  |                     |
| ,   | ·                                   | , Florida   |                     |
|   | City                                | Zi  | o Code              |
| New Registered Agent's Signature, if changing   | Registered Agent:                   | er south of the   | <b>:</b> .          |

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Mar<br>MGRM = M | nager<br>Ianaging Member                |   |                |
|-----------------------|---|---|----------------|
| <u>Title</u>          | <u>Name</u>                             | <u>Address</u>                                    | Type of Action |
|                       |   |   | Add Remove     |
|                       |   |   | Add Remove     |
|                       |   |   | Add            |
|                       |   |   | Add            |
|                       |   |   | AddRemove      |
|                       |   |   | Add            |
| D. If amend           | ling any other information, enter chang | ge(s) here: (Attach additional sheets, if necessa | ry.)           |
| <del></del>           |   |   |                |
|                       |   |   |                |
| Dated/_               | <del>9-26-12</del>                      |   |                |
|                       | Signature of a member                   | er or authorized representative of a member       |                |

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