Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6383

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600 Phone

(323) 962-3889 Fax Number

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### XPEDITE MERCHANDISING PLUS, LLC

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2/14/2008

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# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Xpedite	Merchandising Plus, LL	_C	
		ited Liability Company)	
	Amendment and fee(s) are sub ondence concerning this matter	<del>-</del>	
	Francyne Carrillo	(Name of Person)	·
	Legalzoom.com, Inc.		
	Legalzoom.com, inc.	(Firm/Company)	
	7083 Hollywood Blvd	1 Suite 180	
	700011011911000001011	(Address)	
	Los Angeles, CA 90	0028	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Francyne Carrillo		at ( 323 ) 962-8600	
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for t	he following amount:		
<b></b> \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Xpedite Merchandising Plus, LLC

# Ø 003/004

## ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

Name of the Limited Liab (A Flori	ide Limited Liability Company)	
he Articles of Organization for this Limited Liabilit	ly Company were filed on 01/30/200	8 and assigned
orida document number <u>L08000010883</u>	<del></del>	
his amendment is submitted to amend the following	3:	
. If amending name, enter the new name of the l	limited Hability company here:	
C-Pedite Merchandising Plus, LLC		
ne new name must be distinguishable and end with theL.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Name of New Registered Agent:  New Registered Office Address:	(Frier Flor	ida streat midress
	(Enter Flor	ida street address)
	(Enter Flor (Ctry)	ida street address) , Florida (Zip Code)
New Registered Office Address:	(Cty)	, Ftorida
New Registered Office Address:	(Cty)	, Ftorida
	(City)  The street Agent:  That and agree to act in this capacity.  The and complete performance of my the diagent as provided for in Chapter 6 tered office address, I hereby confirm	, Florida (Zip Code)  I further agree to comply with ties, and I am familiar with and 08, F.S. Or, If this document is

Page 1 of 2

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MGR = Manager MGRM = Managing Member					
Title	Name	<u>Addrese</u>	Type of Action		
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D. If amen	ding any other information	enter change(s) here: (Attach additional shee	us, if necessary.)		
- 			08 FEB 14 AI SECRETARY C		
Dated	Ki G	Talat IVII Cal	OF STATE		

Page 2 of 2

Filing Fee: \$25.00