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12/28/11--01014--005 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OUTTLY/N EXPRESS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person Courtly Express Fim/Company Address Toronto Ontario Mail Print City/State and Zip Code With August Courtly Export of Mail E-mail address: (to be used for future annual report notification) Company Courtly Express Company Company Company Courtly Express Company Courtly Express Company Compan
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certificate of Status}\$\$ \$\ \text{Certified Copy}\$\$

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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		>		/ /	
(OURTIUM)	XOFE	ee L	h	7
(Name of the Limited L	iability Comp	any as It now appear	s on our records	<u>.</u>)	-
/ (A F	Iorida Limited	Liability Company)	1 /	/	
The Articles of Organization for this Limited Liab	nility Compan	v were filed on	3/10/	1) Kand	ssigned
10000	ار لديرير المريد	·	7/		iii.
Florida document number		1978			3 7
				ASA SA	.)
This amendment is submitted to amend the follow	ving:			SEE -	٦ <u> </u>
A. If amending name, enter the new name of the	ha limitad lia	hility company hor	ω.	LL (40)	
A. If amending hame, enter the new hame of the	ne mmmeu ma)	<u>c</u> .	S H	
*	/_	<i></i>			=
The new name must be distinguishable and end with "L.L.C."	the words "Lin	nited Liability Compa	ny," the designation	on "ELC" or ti	he abbreviation
E-4	.1		7101 E	XOT	225
Enter new principal offices address, if applicab			, 		-
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		vs/e_		
		laron	TO	1 N to	~10
		M55	1W	7	
Enter new mailing address, if applicable:		Cour	TLY 2	EXP	VCS S
(Mailing address MAY BE A POST OFFICE BO	OX)	1 40,	~ cb	St	
		100	ota		TANIO
		-/	$M \subset L$. 177
B. If amending the registered agent and/or	registered o	office address on o	ur records, ent	ter the nam	e of the new
registered agent and/or the new registered offic			, <u></u>		
	\widetilde{I}	1 +	1 10		
Name of New Registered Agent:	P 0	ber	/ ~~	7-0	
	111	/		7	
New Registered Office Address:	7	10WSe		1.	
	m	Ent	er Florida street	address	1 - 1
	<u> [1] [A] [M]</u>	1/ FL	, Florida	<u>. </u>	101
	•	City		Zip Co	ode

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 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

MGR = Manager

MGRM = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MANAGE	UKTOVA TATIANNA	V 8348 Little RD New Port Richey 7654654	Add Remove
MGRM	Drew Glenn 11	8348 Little Ru New Port Right	Add Remove
MGR-	T. V. UKTOVA	1 Vorje ST Tornato ONTACIO	Add Remove
MCRM	William Traylor	1 Youse St Toranto Ontario	Remove
M <u>CB</u> M	John Prvison	1 Monger St Toppanto ONTANIO MSE 1W7	Add Remove
			_∏Add _∏Remove
	g any other information, enter change(s	here: (Attach additional sheets, if necessary)	FILED 20FBC 27 M + 17
Dated/	Typed or J	Page 2 of 2	
	Filin	ig Fee: \$25.00	