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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MARKS GRAY, P.A.  
Account Number : 120040000191  
Phone : (904) 399-0900  
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@marksgrey.com

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JZ Expedited Logistics, LLC(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2009 eff. 01/25/2009 and assigned  
Florida document number L09000010188.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1111 Imeson Park Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, Florida 32218

Enter new mailing address, if applicable:

1111 Imeson Park Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, Florida 32218

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

**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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMGR	Zach Fox	9601 N Main St Dr Ste 1	<input type="checkbox"/> Add
		Jacksonville, Florida 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Fox	1111 Imeson Park Blvd.	<input type="checkbox"/> Add
		Jacksonville, Florida 32218	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Maria Fox	1111 Imeson Park Blvd.	<input type="checkbox"/> Add
		Jacksonville, Florida 32218	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
SEC	Philly Smith	1111 Imeson Park Blvd.	<input type="checkbox"/> Add
		Jacksonville, Florida 32218	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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