Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations	SSE I
•	Fax Number : (850)617-6383	
from:	Account Name : KV CARRIER SERVICES, INC.	
•	Account Number : I20080000029	19

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one amail address please.\*\*

: (305)883-6605

Rmail .	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M G R FREIGHT SOLUTION LLC

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## **COVER LETTER**

TO: Registration 8 Division of Co						
SUBJECT:	M G R FREIG	HT SOLUTION LLC				
		ted Liability Company		•		
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The enclosed Articles of	f Amendment and fee(s) are sui	omitted for filing	•			
Picase return all corresp	ondence concerning this matter	to the following:		•		
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		JOSE T FLORES		20	28	
		Name of Person		SC	<u></u>	mar (r
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.IO:	SE T FLORES	at ( 305 ) 4	68-3773			
Name of Person		Area Code & Daytime				
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Enclosed is a check for	the following amount:	•	·			
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate Certified C (additional	of Status		
мап	ING ADDRESS:	STREET/COURIE	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, PL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M G R FREIGHT SOLUTION LLC 04/11/2011 The Articles of Organization for this Limited Liability Company were filed on L11000042576 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: M G M FREIGHT SOLUTION LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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:

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