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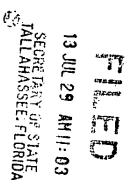
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(City/S	State/Zip/Phone	#)	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CT:		
The en	losed Articles of Amendment and fee(s) are submitted for filing.		
Please	eturn all correspondence concerning this matter to the following:		
	Jeffrey Partains Name of Person		
	Firm/Company	<u>,</u>	
	POBOX 190614 Address		
	City/State and Zip Code Frans Express 1/C a) GM0/1-com E-mail address: (to be used for future annual report notification)		
	E-mail address: (to be used for future annual report notification)		
For fur	Telfrey Partain at 239 6711162 Name of Person Name of Person Name of Person Name of Person	13 JUL 29	Statutes Special
Enclos	d is a check for the following amount:	AH II:	T
\$ \$25	00 Filing Fee \$\$\subset\$	atus 🔀	sed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Truns C	xpress freightlinus IC
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number	c/21/2011
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 190614 DallAS TX 75219
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	red office address on our records, enter the name of the new ss here:
New Registered Office Address:	
	Enter Florida street address
-	City 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 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

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 = i	Managing Member		•
<u>Title</u>	Name	Address	Type of Action
	<u> </u>		Add
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			ASSECTION OF THE PROPERTY OF T
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			Add
			Remove
		•	

)
	
Dated July 22, 2013	
Signature of a member or authorized representative of a member Seffrey Partai V	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE, FLORING