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SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE. FLORID

J. BRYAN
DEC 26 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Solutions 1 TRANS JOSTATION GROUP 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
Solutions 1 TRANSDORI, LLC.
15224 E. Colonial DR. PSE T
Oxlando, 12 32826. City/State and Zip Code
Ship manual solutions 1 thanks post. Comes E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim wes at (321) UU3-1840 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solutions 1 Transportation Group, 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 09/10/2012 and assigned Florida document number L12000116048 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ship Direct LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

Zip Code

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:

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
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. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	,
- , :	
ated Decem	nber 19 2012
	Signature of a member of authorized representative of a member
Tin	Pothy R. Jones
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

