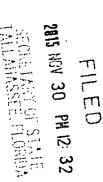
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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11/30/15--01043--012 **25.00



COVER LETTER

Division of Co	orporations		
JACK RA	ABBIT X-PRESS LLC.		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAMES TYSON		
		Name of Person	
	JACK RABBIT X-PRESS	LLC.	
		Firm/Company	
	290 SOUTH LAKE AVE.		
		Address	
	LAKE BUTLER FL.32054	1	
		City/State and Zip Code	
	jaamestyson2@gmail.com		
	E-mail address: (to be used for future annual report noti	tication)
For further information	concerning this matter, please ca	ali:	
James Tyson		904 364-6075 at (
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED

25. 1. 18.4 E. ..

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2015 NOV 30 PM 12: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

JACK RABBIT X-PRESS LLC.		
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our record limited Liability Company)	is.)
The Articles of Organization for this Limited Liability Conforda document number 1.3000094330	mpany were filed on <u>07/02/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registe registered agent and/or the new registered office addre		is, enter the name of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addres	SS
	121	orida
	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 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

THQ.

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 Title **Type of Action** Name Address □ Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change _□ Add □ Remove

_□ Change

Der	eting Freight Forwarder/Logitics, Making Change to Wholesale/Retail in this section article III	
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fective (date, if other than the date of filing: (optional)	
ote: If th	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	07 (3) is the
cument'	's effective date on the Department of State's records.	
record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
	th day after the record is filed.	
ated	· · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00