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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

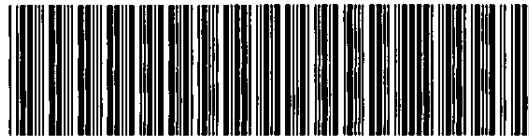
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/16/15--01008--020 **25.00

FILED
15 JAN 16 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10:11:15 JAN 29 2015

Greetings,

The documents to change our company's name from Hickory Transportation, LLC to Hickory Intermodal, LLC are accompanied with this cover letter. If you have any questions, then please contact us at the numbers below:

Contact 1: Daniel Widergren

Daytime phone number: (904)-482-1933

Contact 2: Jerry Dodson

Daytime phone number: (904)-482-1930

Our return address is:

Hickory Foods, Inc.

4339 Roosevelt Blvd. suite 400

Jacksonville, FL, 32210.

Thank you.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hickory Transportation, LLC

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:

Jerry Dodson

Name of Person

Hickory Foods, Inc.

Firm/Company

4339 Roosevelt Blvd. ste 400

Address

Jacksonville, FL, 32210

City/State and Zip Code

jdodson@hickoryfoods.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Widergren

at (904) 482-1933

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & 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

Hickory Transportation, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

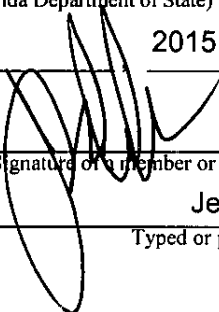
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 9th 2015



Signature of a member or authorized representative of a member

Jerry Dodson

Typed or printed name of signee

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Filing Fee: \$25.00

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