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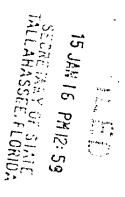
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Greetings,

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 Se Division of Cor			
SUBJEC	Hickory	Transportation, LLC		
SOBJEC	U1;	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Jerry Dodson		
			Name of Person	
		Hickory Foods, Inc.		
			Firm/Company	
		4339 Roosevelt Blvd	d. ste 400	
			Address	
		Jacksonville, FL, 32	210	
			City/State and Zip Code	
		jdodson@hickoryfoo	ds.com to be used for future annual report noti:	fication)
For first	ar information of	oncerning this matter, please c	·	,
		meering in matter, please co		
Daniel	l Widergren		904 482-1933	e Telephone Number
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed	d is a check for th	ne 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hickory Transportation, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000004565		and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
Hickory Intermodal, LLC The new name must be distinguishable and end with the words '	"I imited Liability Company" the decignation "LLC" or the	a abbreviation "I 1 C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)		addiction E.E.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, <u>ente</u> ddress here:	r the name of the new
Name of New Registered Agent:		SS ST STATE OF STATE
New Registered Office Address:	Enter Florida street address . Florida	PMI2: 5
		≥ 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

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

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Add
			Remove
			Add
			□ Remove
			Add
		.	□ Remove
			□ Remove
			Li Remove
<u>.</u>			Add
			Remove

. If	amending any other information, enter change(s) here: (Attach additional sheets, i	f necessary.)
		
(Th	ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and sannot be more than 90 the date this document is filed by the Florida Department of State)	(optional) days after
Da	ated January 9th 2015	
	Signature of a member or authorized representative of a member Jerry Dodson	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

TALL AHASSES PAISES