

Apr. 1. 2015 1:42PMs

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L1500001775

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000081055 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FRANK GUTTA CPA PA
Account Number : I19990000055
Phone : (954)452-8813
Fax Number : (954)452-8359

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GROUND EXPRESS INVESTMENTS, LLC**

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J. BRUCE

Electronic Filing Menu

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MADE 1. 2015 1:42 PM 0553

No. 3527 P. 2/4

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ground Express Investments, 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 1/29/15 and assigned
Florida document number L15000017775

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

City, Florida 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

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MGR = Manager
AMBR = Authorized Member

[illegible]

FILED
2015 APR -1 PM 12:50
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Remove
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FLORIDA

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Apr. 1. 2015 1:42PM SSS

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 March 30, 2015



Signature of a member or authorized representative of a member

Frank Gutta, Manager

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
2015 APR - 1 PM 12:50
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TALLAHASSEE FLORIDA

H150600810553