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Florida Department of State  
Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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MS XPRESS, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 06 2016

S. YOUNG

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MS XPRESS, 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 05/13/2015 and assigned Florida document number L15000084415

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 3515 NW 114TH AVENUE DORAL, FL 33178 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 3515 NW 114TH AVENUE DORAL, FL 33178 (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: 3515 NW 114TH AVENUE

DORAL, Florida 33178 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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BORIA, AMAURI	3515 NW 114TH AVENUE	<input type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARTINEZ, JOSE	3515 NW 114TH AVENUE	<input type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

STATE OF FLORIDA  
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