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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : TRUCKING PERMITS AND MORE LLC

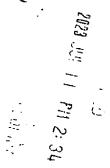
Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Email</b>	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN $\widetilde{c}$ . JIC EXPRESS J.L.C.

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Certificate of Status

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Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Talinhassee, FL 32303

## From: Trucking Permits And More LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIC EXPRESS,L.L.C.		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000054668</u> This amendment is submitted to amend the following:	·	and assigned
A. If amending name, enter the new name of the limited liab	nter company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13406 SW 42ND CIR	
(Principal office address MUST BE A STREET ADDRESS)	OCALA, FL 34473	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	13406 SW 42ND CIR  OCALA, FL 34473  address on our records, enter the na	me of the new registered
		,*- <u>-</u>
Name of New Registered Agent:		<u>~</u>
New Registered Office Address:	Enter Florida street address	92. j.i.
	, Florida _	Zip Code
New Registered Agent's Signature, If changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my auties, and i ut provided for in Chapter 605, F.S. C	r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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