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## **COVER LETTER**

TO: Registration Sec Division of Corp	ction porations		
GSL EXPRI			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspon	ndence concerning this matter (	to the following:	
	CHRISTINA MORRISON		
		Name of Person	
	AUTHORITY EXPRESS I	.I.C	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	PO BOX 546		
		Address	·
	GRAND VIEW, ID 83624		
	<u> </u>	City/State and Zip Code	
	CHRISTY@AUTHORITYI	EXPRESSLLC.COM	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	11:	
CHRISTY MORRISON	•	208 834-2949 at ( )	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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)

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

GSL EXPRESS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/30/2017	and assigned
Florida document number LL17000245665		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
S & L EXPRESS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	795 BELLSHIRE DR	
(Principal office address MUST BE A STREET ADDRESS)	ORANGE PARK PARK, FL 32065	易力
,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:	795 BELLSHIRE DR	1111 3 6
(Mailing address MAY BE A POST OFFICE BOX)	ORANGE PARK, FL 32065	10 to 1
		<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		r the name of the
N. D. T. 100 A.H.		
New Registered Office Address:	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further a	gree to comply with i

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 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>		Address	Type of Action
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fective date, if other that	the date of filing: (optiona	l)
n effective date is listed, the da	te must be specific and cannot be prior to date of filing or more than 90 days after filin his block does not meet the applicable statutory filing requirements, this dat	ig.) Pursuant to 605.020
	the Department of State's records.	
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record specifies a del The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m e record is filed.	. on the earlier o
DECEMBER 1	2017	
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1	! Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00