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COVER LETTER

Division of Corporations	
SUBJECT: Si J Trucking Name of Lipfied Lin	obdity Company
Kame of Liquida 1.5.	with company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Matapa Jist Greyco	Name of Person Firm/Company Address - T 3x758
Cit	y/State and Zip Code
(Indicated Tempail address (to be)	GNACL COV (See April 1997) (See April 19
For further information concerning this matter, please call:	at 2011 279 80 200
11-1-10	22. 229 8:014 2
March America	Area Code Daytime Telephone Number
Name of Retson	A II: 24
Enclosed is a check for the following amount:	. 2 4
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as It now appears on our records.)
origa Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed or Florida document number 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: (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

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 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>	Name	Address	Type of Action
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an effective date is ote: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	pecific and cannot does not meet the	e applicable stat	f filing or more than S	(optiona 90 days after filir ements, this da	ig.) Pursuan	No. 1 (£7505,0207) be listed as
record specifies is filed.	a delayed effective dat	e, bui not an effe	ective time, at 1	2:01 a.m. on the ea	rlier of: (b)	The 90th d	ay after the
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Filing Fee: \$25.00