## 199000005446

(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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P ACCOUNT NO.	: I2000000195
REFERENCE	: 175704 4338256
AUTHORIZATION	: Spullelenan
COST LIMIT	: \$55-00
ORDER DATE : June 12, 2014	
ORDER TIME : 8:46 AM	
ORDER NO. : 175704-005	
CUSTOMER NO: 4338256	
	<b></b>
DOMESTIC AME	NDMENT FILING
NAME: JABIL TEXAS HOLI	DINGS, LLC
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT	
RESTATED ARTICLES OF INCOR	PORATION
PLEASE RETURN THE FOLLOWING AS PR	ROOF OF FILING:
XX CERTIFIED COPY	
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANI	DING
CONTACT PERSON: Emily Gray EX	KT# 62925
EX	KAMINER'S INITIALS:

## **COVER LETTER**

		istration Secti sion of Corpo				
SURIFO	ЭΤ.	Jabil Texas l	Holdings, LLC			
JOBULO	- <b>"</b>		Name of Limi	ted Liability Company		
The encl	osed	Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please re	turn	all correspond	ence concerning this matter	to the following:		
			Matthew Flaherty			
			## The second se	Name of Person		
			Kirkland & Ellis LLP			
				Firm/Company		<del></del>
	601 Lexington Ave					
				Address	***************************************	
			New York, NY 10022			
				City/State and Zip Code		A Committee of the Comm
			mflahert@kirkland.com			P46-90-90-04
			E-mail address: (	to be used for future annual rep	oort notification)	
For furth	er in	formation cond	cerning this matter, please c	all;		
				at ()		
		Name of Po	erson	Arca Code	Daytime Telepho	one Number
Enclosed	lisa	check for the f	following amount:			
□ <b>\$</b> 25.0	0 Fil	ing F <del>ec</del>	□\$30.00 Filing Fee & Certificate of Status	■\$55.00 Filing Fee & Certified Copy (additional copy is e		\$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 TO ARTICLES OF ORGANIZATION OF

Jabil Texas Holdings, LLC				
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our recomited Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Con	npany were filed on August 31, 1999	and a	ssigne	d
Florida document number L99000005446	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
iQor Texas Holdings, ŁLC				
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the design	nation "LLC" or th	ie abbr	eviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>SSS)</u>		<u></u>	(7.2.2pg
		<u> </u>		i
				CONTRACTOR AND
Enter new mailing address, if applicable:		řími m		
(Mailing address MAY BE A POST OFFICE BOX)			II.	į
		5.3	€.	*
		<u> </u>	<del>: 3</del>	
B. If amending the registered agent and/or register	red office address on our records,	enter the name	of th	he nev
registered agent and/or the new registered office addres	ss here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	eet address		
	, Flor	ida		
	City	Zip Coa	le	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>tle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			LRemove
a film of the second se			Add
			Remove
			**************************************
			Add Remove
			Add
			Remove
			Add
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			Remove

). If amendi 	ng any other information, enter change(s) here: (Attach additional shee	ts, if necessary.)
. Effective of an effective	late, if other than the date of filing:  date is listed, the date must be specific and cannot be more than 90 days a	(optional) fier filing.) (605.0207 (3)(b)
ated	2014	
•	Signature of a member or authorized representative of a me	ember
-	Daniel L. Montenaro  Typed or printed name of signee	
	Page 3 of 3	,
	Filing Fee: \$25.00	
		PH 18 25 STLOWN