DOC ID ----> 200619304964

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/13/2006	200619304964	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

JOHN M. MANOS CO, LPA
739 E. 140TH ST.
CLEVELAND, OH 44110

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1048079

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LEXINGTON INTERMODAL, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
AMEND/ARTICLES-ORGANIZATION/DOM. LLC	**200619304964**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of July, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

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Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
(X) Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
( ) No	PO Box 1028 Columbus, OH 43216

Limited Liability Company Certificate of Amendment / Restatement / Correction

(Domestic or Foreign,
Filing Fee $50.00

2006 JUN

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company	(2) Foreign Limited Liability Company
[X] Amendment (129-LAM) [ ] Restatement (142-LRA)	[ ] Correction *(135-LFC)*
November 12, 1998 (Date of Organization)	(Home State) (Qualifying in Ohio on MM/DD/YY)

The undersigned authorized representative of TNC Specialized Carriers,LLC (Name) 1048079 (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company [ ] Amend [ ] Restate [ ] Correct the following

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed.
If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:

Lexington Intermodal, LLC

(the name must include the words "limited liability company", "limited", "Ltd ", "Ltd", "LLC", or "L L C ")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of perpetual

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is **(OPTIONAL)** :

(street address) ***NOTE: P.O Box Addresses are NOT acceptable.***

(city, township, or village) (state) (zip code)

[ ] Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose **(OPTIONAL)**

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Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is.

_____
(Name)

_____
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

_____ **Ohio** _____
(City, village or township) *(State)* *(Zip Code)*

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

A. the agent cannot be found or.
B. the limited liability company fails to designate another agent when required to do so, or
C. the limited liability company's registration to do business in Ohio expires or is cancelled

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

Authorized Representative	Date: 7/10/06
Daniel M. Kabat, Mgr. (Print Name)	
Authorized Representative	Date
(Print Name)	
Authorized Representative	Date
(Print Name)	