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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Вс | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | tion Section of Corporations | |
|---------------------|--|---|
| | i Way LLC | |
| SUBJECT: | Name of Limited Liability Company | Name of Limited Liability Company ment and fee(s) are submitted for filling. concerning this matter to the following: Francois Name of Person Way LLC Firm/Company O W Flager St Address mi, FL 33144 City/State and Zip Code am2016@gmail.com E-mail address: (to be used for future annual report notification) |
| The enclosed Art | cles of Amendment and fee(s) are submitted for filling. | |
| Please return all o | orrespondence concerning this matter to the following: | |
| | Jean François | |
| | Name of Person | |
| | Mdi Way LLC | |
| | Firm/Company | |
| | 8300 W Flager St | |
| | Address | |
| | Miami, FL 33144 | |
| | · | |
| | | |
| For further infor | nation concerning this matter, please call: | |
| Jean François | at () | |
| | Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a che | ck for the following amount: | |
| ■ \$25.00 Filing | Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C | of Status & |

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

| Midi Way LLC | • | | SSEE LARY |
|--|---|--|---------------------------|
| (Name of the Lim | ted Liability Compa (A Florida Limited | nny as it now appears on our records.) Liability Company) | ES D |
| The Articles of Organization for this Limited I Florida document number L16000018518 | | | ARY OF STATE |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name c | of the limited liab | vility company here: | |
| MIDI-UM Way LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or t | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 8300 W Flagler St | |
| | | Miami, FL 33144 | |
| | | | |
| Enter new mailing address, if applicable: | | 8300 W Flagler St | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Miami, FL 33144 | |
| B. If amending the registered agent and registered agent and/or the new registered o | /or registered o ffice address her | ffice address on our records, <u>er</u> | iter the name of the nev |
| Name of New Registered Agent: | Jean Francois | | |
| New Registered Office Address: | 8300 W Flagler | | |
| | | Enter Florida street address | |
| | Miami | , Florid | a 33144 |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> | <u>Address</u> | Type of Action |
|--------------|---------------|-----------------------------|----------------|
| MGR | Jean Francois | 8300 W Flagler St | ■ Add |
| | | Miami, FL 33144 | |
| | | | ☐ Change |
| MGR | Dim Villarson | 2040 NE 163rd St #208 | |
| | | North Miami Beach, FL 33162 | ■ Remove |
| | | | ☐ Change |
| | | | |
| | | - | □ Remove |
| | | | Change |
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| etive date, if other than the deflective date is listed, the date must be of the date inserted in this block innent's effective date on the Deplective date are delayed on the day after the record specifies a delayed one 90th day after the record. | ek does not meet the applicable partment of State's records. effective date, but not a | le statutory filing requir | rements, this date w | ill not be listed |
| d March, 29 | 2016 | | · · · · · · · · · · · · · · · · · · · | ာ က က |
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| | ignature of a method of authoriz | ea representative of a me | (T) | ט ה |
| Jean Francois | | | * 1 | |

Page 3 of 3

Filing Fee: \$25.00