L05000012505

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EXAMINER



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SETAL THE OR STATE

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

12 MAR -9 PM 3: 54

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER,

	tration Section on of Corporations	
SUBJECT:	Midway Investments, L.L.C.	
	Name of Limited Liability Company	
The enclosed A	articles of Amendment and fee(s) are submitted for filing.	
Please return al	l correspondence concerning this matter to the following:	- CV.
	Jordan Cooper	SECRET ISION
	Name of Person	F COL
	Firm/Company	CRETARY OF SIGHT OF CORPORATIONS
	PO Box 2844	2. 10€
	Address	
	Tallahassee, FL 32316 City/State and Zip Code	
	jordancooper87@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, please call:	
	Wayne Cooper at (850) 210-2929 Name of Person Area Code & Daytime Telephone Number	····
Enclosed is a ch	neck for the following amount:	
\$25.00 Filin	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	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 ARTICLES OF ORGANIZATION **OF**

MIDWAY INVEST	TMENTS, L.L.C.	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL05000012505	were filed on 02/07/2005 and assigned a	
This amendment is submitted to amend the following:	bility company here:	
A. If amending name, enter the new name of the limited liab	ilitv company here: بَب j	
MIDWAY INVESTM	MENTS L.L.C. 말	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	821 W ST AUGUSTINE ST	
(Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE, FL 32304	
Enter new mailing address, if applicable:	PO BOX 2844	
(Mailing address MAY BE A POST OFFICE BOX)	TALLAHASSEE, FL 32316	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, If changing Registered Agent:	Wak. Daws ESS. S. Mayol St., Sutl S10 Enter Florida street address MUSSEL, Florida 32301 City Zip Code	
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records;</u>

MGR = Manager

<u> Fitle</u>	Name	Address	Type of Action
			D Demove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Domaus
			Add Remove
			T D amous
			Add Remove
). If amend	ing any other information, ent	er change(s) here: (Attach additional shee	ets, if necessary.)
Dated	March 7	, <u>2012</u> .	

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Filing Fee: \$25.00