5/31/13

L06000108937

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BARBOSA LAW OFFICE
Account Number : I20110000049
Phone : (305)421-6339
Fax Number : (305)359-9542

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JBarbosa@barbosalegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MIDWAY LABS USA, LLC

Certificate of Status	0
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N. Gulligan JUN - 3 2013

H13000120443

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDWAY LABS USA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julio Barbosa
Name of Person

Barbosa Law Office
Firm/Company

2000 Ponce de Leon Blvd. Ste. 625
Address

Coral Gables, FL 33134
City/State and Zip Code

jbarbosa@barbosalegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julio Barbosa at (305) 421-6339
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee ☐ $30.00 Filing Fee & Certificate of Status ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $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

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H13000129443

2013 MAY 31 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIDWAY LABS USA, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/09/2006 and assigned Florida document number L06000108937.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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)

N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

New Registered Office Address: N/A
Enter Florida street address

_____, Florida _____
City *Zip Code*

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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Grace Advisory Services, LLC.	2000 Ponce de Leon Blvd., Ste. 653 Coral Gables, FL 33134	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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b. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated May 31 2013

Signature of a member or authorized representative of a member

Julio Barbosa

Typed or printed name of signer

Filing Fee: $25.00

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TALLAHASSEE, FLORIDA

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