

5/31/13

L06000108937

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000120474 3)))



H130001204743ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6183

From:

Account Name : BARBOSA LAW OFFICE
Account Number : 1291100000049
Phone : (305) 421-6339
Fax Number : (305) 359-9542

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAY 31 AM 8:30

FILED

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

Email Address: J.Barbosa@BarbosaLegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIDWAY LABS USA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

13 MAY 31 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13 000120474 3

H130001204743

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 notifications)

For further information concerning this matter, please call:

Julio Barbosa

Name of Person

305 421-6339

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
Citron Building
2601 Executive Center Circle
Tallahassee, FL 32301

H130001204743

FILED

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 "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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 508, 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

H130001204743

H130001204743

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

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

H130001204743

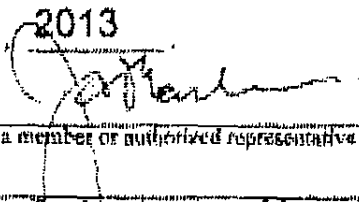
H1300001204743

D. 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

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 MAY 31 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H130000120474 3