L07000052475

(Red	uestor's Name)	·		
(Add	lress)			
(Add	iress)			
(7100				
(City	//State/Zip/Phone	÷#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Doc	cument Number)			
(500)	ament Hamber,			
Certified Copies Certificates of Status				
Special instructions to F	iling Officer:			
		İ		

Office Use Only



03/17/10--01033--001 **25.00 ...

FILED

10 MAR 17 PM 3: 30
SECRETARY OF STATE
TAIL AHASSEE, FLORID

S. HAWKES

MAR 1 8 2010

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo	ion Prations					
SUBJECT: Mida LLC						
	Name of Limited Liability Company					
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.					
Please return all correspond	lence concerning this matter to the following:					
	Michael D'Acunti					
	Mida LLC					
	Firm/Company					
	1800 NW 26 Place					
	Cape Coral, FL 33993 City/State and Zip Code info @ midq Winwin. Com					
	City/State and Zip Code info emida Winwin. Com E-mail address: (to be used for future annual report notification)					
For further information con	cerning this matter, please call:					
Michael Name of P	D'Acunti 239 erson at Code & Daytime Telephone Number					
Enclosed is a check for the						
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\mathcal{M}_{i}	da LLC		
(Name of the Limited (A	Liability Company as it now a Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited Li Florida document number <u>L070000</u>	ability Company were filed o	n <u>5-16-07</u>	and assigned
This amendment is submitted to amend the following	-		TALLA
A. If amending name, enter the new name of	-		IANY ASSE
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability (Company," the designation	"LLC" of the materevielion
Enter new principal offices address, if applica	able:		7 30 RBD 30
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
B If amending the registered agent and/oregistered agent and/or the new registered of		on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
₩ New Registered Office Address:	1800 NW 26	P19(e Enter Florida street a	ddress
	Cape Coval	Florida,	22602
	City	, a solida	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Add Agmove
			2
			Add M
			FE STAR
			— n
			Remove
·		-	Add
			Remove
· · · · · · · · · · · · · · · · · · ·			Add
			hanner 1
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if	necessary.)
_			
_			-
			···
Dated	March 16, 20	010 M	
	C	Mark	
	Michael [er or authorized representative of a member	•

Page 2 of 2

Filing Fee: \$25.00