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EXAMINER



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DELATION STATE
DIVISION OF CORPORATION
TALL CHASSEE, FLORIDA

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COVER LETTER

	Registration Sect Division of Corpo			. 1			
SUBJEC	 T:	Midway	Machinery LLC				
002020	•••	 	ted Liability Company				
		mendment and fee(s) are sub	_				
Please ret	urn all correspond	lence concerning this matter	to the following:				
			Gregory P Russell				
		Midway					
		Firm/Company					
		;					
		Address Midway, FL 32343					
			City/State and Zip Code				
		E-mail address: (ation)				
For further information concerning this matter, please call:							
		ry P Russell	at (76-5500			
	Name of P	erson	Area Code & Daytime	Telephone Number			
Enclosed	is a check for the	following amount:					
\$25.00	O 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)			
		G ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Midway N	Machinery LLC	
(<u>Name of the Limite</u> (d Liability Co A Florida Limi	mpany as it now appears on ou ited Liability Company)	r records.)
The Articles of Organization for this Limited	Liability Comp	pany were filed on Novem	ber 4, 2009 and assigned
Florida document number L0900010	06317		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
Mid	lway Machi	nery & Auction LLC	
The new name must be distinguishable and end w "L.L.C."	vith the words "	'Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if appl	icable:	NA	
(Principal office address MUST BE A STRE	ET ADDRES	<u></u>	1121
•			
			AH AP
Enter new mailing address, if applicable:		NA	S N
(Mailing address MAY BE A POST OFFICE	E BOX)		
		1 6 11	22 6
B. If amending the registered agent and registered agent and/or the new registered			ords, enter the name of the nev
	 		
Name of New Registered Agent:	NA		il desired and the second and the se
New Registered Office Address:	NA		
		Enter Flor	rida 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

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 MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
			Add Remove		
			Add Remove		
<u>.</u>		· · · · · · · · · · · · · · · · · · ·	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If aı	nending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)			
			-		
	. / /		_ _		
Dated _	Signature of a member.	or authorized representative of a member			
	GREG RUSSell				
	Typed o	or printed name of signee	-		

Page 2 of 2

Filing Fee: \$25.00