L11000004549

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T. CLINE

JAN 24 2011

EXAMINER

COVER LETTER

Registration Section

· Division of Cor	porations				
SUBJECT:	MIDA IN\	/ESTMENT LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		JOSE G TORRES			
		Name of Person			
	JO	OSE G TORRES CPA			
		Firm/Company			
		3680 NW 11 ST			
		Address			
		MIAMI, FL 33125			
		City/State and Zip Code			
	JTOF E-mail address: (1	RRES6@HOTMAIL.CO to be used for future annual report	notification)	ZOII	
For further information c	oncerning this matter, please c	eall:			7
JOS	E G TORRES	at (_786)_	715-5669	SSE 21	7-4
	f Person		aytime Telephone Number		4 k
Enclosed is a check for the	ne following amount:			(F) (F)	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified (e of Status &	:d)
Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	Registration S Division of C Clifton Build	orporations ing ve Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MID	A INVESTMENT	LLC			
(<u>Na</u>	<u>me of the Limited Lia</u> (A Flo	bility Company as it now rida Limited Liability Com	appears on our records (pany)	<u>i.</u>)		
The Articles of Organization f	or this Limited Liabil	ity Company were filed	on01/11/11	ar	nd assig	ned
Florida document number	L1100000456	<u>9</u>				
This amendment is submitted	to amend the followir	ng:				
A. If amending name, enter	the new name of the	limited liability compa	ny here:			
The new name must be distingui "L.L.C."	shable and end with the	e words "Limited Liability	Company," the designat	ion "LLC" or	r the abb	previation
Enter new principal offices a	ddress, if applicable	:				
(Principal office address MU.	ST BE A STREET A	DDRESS)				
					. =	
Enter new mailing address, i	f applicable:					_
(Mailing address MAY BE A	POST OFFICE BOX	<u> </u>				
B. If amending the registered agent and/or the n			s on our records, <u>en</u>	ter the na	me of	the new
101 Indiana again and or the c		<u></u> ,			=	
Name of New Regist	ered Agent:		·	I	JAND	
New Registered Offi	ce Address:			S 24		P*************************************
			Enter Florida stree	t address	Ar I	2 - 3 - 3
			, Florid	la	\$	Section 1
	_	City	·	la 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 MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** SOCORRO M ABREU **MGRM** ___ Add 9051 NW 152ND ST ✓ Remove MIAMILIAKES, FL 33016 ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JANUARY 12TH 2011 Dated ___ Signature of a member or authorized representative of a member RAMON D RODRIGUEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00