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SECRETARY OF STATE

O SIMMONS APR 2 7 2018

COVER LETTER

SUBJECT:	HENRY GEORGE HO			
	Name of Limi	ited Liability Company		
	Amendment and fee(s) are sub-			
	Harold J Myers			
		Name of Person		
	Midway RV Holding I, LL	C		
		Firm/Company		
	337 Bahia Vista Dr			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Indian Rocks Beach FL 33	3785		
		City/State and Zip Code		
	JimMyers007@Gmail.Com			
		o be used for future annual report notificat	tion)	
For further information co	oncerning this matter, please ca	ill:		
Harold Myers		813 967-6316		
Name of Person at () Area Code Daytime Telephone Number		elephone Number		
Enclosed is a check for th	e 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:

TO:

Registration Section
Division of Corporations

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

(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4-25-2016 Florida document number L16000080017	
Florida document number L16000080017	and assigned
The second secon	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Midway RV Holding I, LLC	- 1 c
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	70. 2
	22 04 10 10 10 10 10 10 10 10 10 10 10 10 10
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our recor	rds, enter the name of the no
egistered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Paristand Office Address	
New Registered Office Address: Enter Florida street add	lress
	Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
	<u> </u>		Add
			□ Remove
			Change
			Add
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	<u>.</u> .
ective date, if other than the date of filing: - effective date is listed, the date must be specific and cannot be pri	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 005.0
16: If the date inserted in this block does not meet the apple cument's effective date on the Department of State's record	licable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but r The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlie
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red April 25 2018	Annual Annual Control of the Annual Control
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Filing Fee: \$25.00