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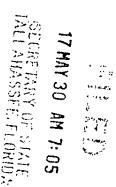
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: MIDWAY	HOLDINGS LLC		
JOBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	AKBERALI KADIBHAI		
		Name of Person	
	MIDWAY HOLDINGS L	LC	
		Firm/Company	
	6217 DONNINGTON CO	URT	
	 	Address	
	SARASOTA, FL 34238		
		City/State and Zip Code	
	MIDWAYPHARMACY@4	GMAIL.COM to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	•	
AKBERALI KADIBHA	A.I	941 3501585	
Name (of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIDWAY HOLDINGS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.16000201154}{1.16000201154}$.	were filed on 11/01/2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C"	
Enter new principal offices address, if applicable:	3370 TAMIAMI TRAIL	
(Principal office address MUST BE A STREET ADDRESS)	PORT CHARLOTTE, FL 33952	
Enter new mailing address, if applicable:	3370 TAMIAMI TRAII.	
(Mailing address MAY BE A POST OFFICE BOX)	PORT CHARLOTTE, FL 33952	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the no	
Name of New Registered Agent:	17 IALILA	
New Registered Office Address:	S S S	

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.

New Registered Agent's Signature, if changing Registered Agent:

City

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 = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	AMI PATEL	3370 TAMIAMI TRAIL	■ Add
		PORT CHARLOTTE, FL 33952	☐ Remove
			☐ Change

			☐ Remove
			☐ Change
			Add
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Filing Fee: \$25.00