

L1800022943
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (305)675-2811

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIDAS AVIATION LLC

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SECRETARY OF STATE
ALLAH SHERIF, FLORIDA
18 AUG - 1) AM 12: 01

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2018 AUG - 1 PM 1:00

SIMMONS
AUG 0 2 2018

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H18000222943 3

MIDAS AVIATION LLC

(Name of the Limited Liability Company as it may appear on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 20, 2018 and assigned
Florida document number L18000071705

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

15510 TAKE OFF PLACE

(Principal office address MUST BE A STREET ADDRESS)

WELLINGTON, FLORIDA 33414

Enter new mailing address, if applicable:

15510 TAKE OFF PLACE

(Mailing address MAY BE A POST OFFICE BOX)

WELLINGTON, FLORIDA 33414

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

15510 TAKE OFF PLACE

Enter Florida street address

WELLINGTON

City

Florida

33414

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 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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MIDAS MOTORCARS LLC	15510 TAKE OFF PLACE	<input type="checkbox"/> Add
		WELLINGTON, FLORIDA 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SAM KELLEY	15510 TAKE OFF PLACE	<input checked="" type="checkbox"/> Add
		WELLINGTON, FLORIDA 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 01, 2018

Signature of a member or authorized representative of a member

S QURAESHI

Typed or printed name of signer