

L19000 299711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

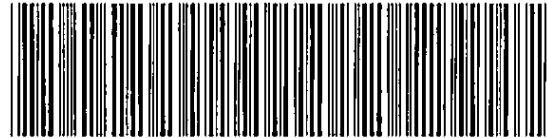
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

60:4 2101061

Office Use Only



300338129313

FILED  
2019 DEC 19 3 41  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DEC 20 2018  
T. LEMIEUX

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 12/19/19**

**NAME: MIDWAY BUSINESS COMPANY, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 60.00**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Midway Business Company, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Jackson

\_\_\_\_\_  
Name of Person

Midway Business Company, LLC

\_\_\_\_\_  
Firm/Company

9650 South Ocean Drive Suite 2002

\_\_\_\_\_  
Address

Jensen Beach, FL

\_\_\_\_\_  
City/State and Zip Code

Midwaybusiness2018@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Jackson

940

441 - 7688

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Midway Business Company, LLC

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

The Articles of Organization for this Limited Liability Company were filed on December 13, 2019 and assigned  
Florida document number L19000299711.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

*Enter Florida street address*

*City*

**Florida**

*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:

MGR = Manager


AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                                 | <u>Type of Action</u>                      |
|--------------|-----------------|--|--|
| MGR          | Jose Melchor    | 857 NW 39th Circle Okeechobee, FL 34972        | <input checked="" type="checkbox"/> Add    |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
| MGR          | Margarito Bucio | 3213 NW 5th St. Okeechobee, FL 34972           | <input checked="" type="checkbox"/> Add    |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
| MGR          | Manuel Chavez   | 3396 NW 37th Ave Okeechobee, FL 34972          | <input checked="" type="checkbox"/> Add    |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
| AMBR         | David Jackson   | 9650 S Ocean Drive #2002 Jensen Beach FL 34957 | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input checked="" type="checkbox"/> Change |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**