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(shown below) on the top and bottom of all pages of the document.



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAW OFFICES OF MICHAEL A. HALBERG, P.A. Account Number : I20100000044 Phone : (954)252-0589 Fax Number : (954)320-4555 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* PF 12: 58 Email Address: [amcsh692a LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIDWAY LAND HOLDINGS, LLC Certificate of Status 0 Certified Copy 03 Page Count \$25.00 Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIDWAY LAND HOLDINGS, LLC (Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
(Α	Piorida Cunited Englitty Company)			
The Articles of Organization for this Limited Liabi		and assigned		
Florida document number 1.21000510329				
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here:			
Kundu & Zriny Holdings, LLC				
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicabl	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
		· · · · · · · · · · · · · · · · · · ·		
		701 pp		
Enter new mailing address, if applicable:		- ~ ~ <b> </b>		
(Mailing address MAY BE A POST OFFICE BO		<u></u>		
B. If amending the registered agent and/or regi		e name of the new register		
agent and/or the new registered office address b	<u>1ere</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flori	da		
	•	4 <i>ір Соа</i> е		
New Registered Agent's Signature, if changing Reg	nistared 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> Fitle</u>	<u>Name</u>	Address	Type of Action
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Rames	R Signature of a member				

Filing Fee: \$25.00