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(Business Entity Name)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2012 OCT 16 PM 1:48

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sleep Group Properties, 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:

Ran Ben-David  
Name of Person  
Sleep Group Properties, LLC  
Firm/Company  
2035 Harding Street, Suite #200  
Address  
Hollywood, FL 33020  
City/State and Zip Code  
ranibd@sleepgs.com  
E-mail address: (to be used for future annual report notification)

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REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Ran Ben-David at ( 305 ) 830-0327  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Sleep Group Properties, 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 08/10/2012 and assigned Florida document number L12000103400.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**  
**(Principal office address MUST BE A STREET ADDRESS)**

2035 Harding Street, Suite #200  
Hollywood, FL 33020

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

2035 Harding Street, Suite #200  
Hollywood, FL 33020

**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:

2035 Harding Street, Suite #200

*Enter Florida street address*

Hollywood

Florida

33020

*City*

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove


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

CHANGE ADDRESS FOR ALL MANAGING MEMBERS TO:

2035 HARDING STREET, SUITE #200

HOLLYWOOD, FL 33020

Dated 09/17, 2012

  
Signature of a member or authorized representative of a member

RAN BEN-DAVID

Typed or printed name of signee

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 HALL COUNTY CLERK  
 HALL COUNTY, FLORIDA