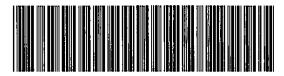
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	(Requestor's Name)			
<u> </u>	(Address)			
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	(City/State/Zip/Phone #)			
PICK-UP	P WAIT MAIL			
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(Document Number)				
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COVER LETTER

* 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:
Gary Forst Name of Person
Sleep Group Properties LLC Firm/Company
2035 Harding Street
Hollywood FL 33020 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAN BEN-DAUID at (305) 830-0327 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, 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 Prog	Dility Company as it now appears on our records.) rida Limited Liability Company)
(A Flor	rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L\2000\03400</u>	1
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	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 AD)	DRESS)
	<u> </u>
Enter new mailing address, if applicable:	ာ်လို့ ယူ
(Mailing address MAY BE A POST OFFICE BOX)	<u>्र</u>
B. If amending the registered agent and/or regressioner registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the neyddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	, Florida
	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 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>	Address	Type of Action
MGRM	Dor-Bet, UC	16840 NE 19th Ave	
		NMB, FL 33162	Remove
			Change
MERM	Ran Ben-David	2035 Harding Street	Add
		Hollywood FL 33020	□ Remove
Morm	GAL Ben-David	2035 Harding Street	Change Add
		Holly wood, FL 33020	Remove Change
MGRM	Shay Ben-David	2035 Harding Street	Æ Add
		Hollywood FL 33020	Remove
			Change
MGRM	Tamir Cohen	2035 Harding Street	□ Add
		Hollywood, FL 33020	□ Remove
			K Change
			□ Add
			□ Remove
			□ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of	(optional)) x) Pursuant to	605.0
te: If the date inserted in this block does not meet the applicable statue nument's effective date on the Department of State's records.	itory filing requirements, this date	will not be	liste
difference date of the Department of State's records.			
record specifies a delayed effective date, but not an eff he 90th day after the record is filed.	ective time, at 12:01 a.m.	on the ea	arlie
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Page 3 of 3

Filing Fee: \$25.00