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SECRETARY OF STATE

T. HAMPTON

OCT - 7 2008

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo		*	
SURJECT: VI-SPRII	NG USA, LTD. CO.		. 0
	(Name of Limi	ted Liability Company)	
			· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Steven Kahn		
		(Name of Person)	,
	Sherwood Home Furnishi		
		(Firm/Company)	
	2830 NE 29th Street		
		(Address)	
	Fort Lauderdale, FL 3330	6	
		(City/State and Zip Code)	,
For further information cor	ncerning this matter, please ca	all:	
Steve Kahn		at (954 ₎ 566-9115	
(Name of	Person)	(Area Code & Daytime To	elephone 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

VI-SPRING USA, LTD. CO.	•		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on 06/16/20	003	_ and assigned
Florida document number L03000022425			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
PRIVATE LABEL BEDDING, LLC			
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company,"	the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:		₹,	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	SECE 7018	
		ARE THE	
		-b SSEI	
Enter new mailing address, if applicable:		,	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	STAT	<u>. U</u>
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, <u>enter the</u>	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter	Florida street addre	ess)
		, Florida	
	(City)	and	(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

	Name	Address	Type of Actio
			Add Remove
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	<u></u>		Add Remove
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			Add
			Remove
). If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	
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		ange(s) here: (Attach additional sheets, if necess	2008

Page 2 of 2

Filing Fee: \$25.00