

LO50000 70546

(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:

Office Use Only



400313388964

05/18/18--01014--010 **25.00

FILED
2018 MAY 18 PM 3:51
TALLAHASSEE FLORIDA

MAY 21 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL SLEEP ANALYSIS, 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:

RONALD BIBBEE JR
Name of Person

PROFESSIONAL SLEEP ANALYSIS, LLC
Firm/Company

8931 CONFERENCE DR SUITE 5
Address

FORT MYERS, FL 33919
City/State and Zip Code

RBibbee1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD BIBBEE JR at (239) 278-0100
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**

PROFESSIONAL SLEEP ANALYSIS, 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 JULY 2005 and assigned Florida document number LO5 000070546

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 "L.L.C."

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: RONALD BIBBEE JR

New Registered Office Address: 8931 CONFERENCE DR Suite 5

Enter Florida street address

FORT MYERS, FLORIDA 33919
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 attending 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 | Ronald Bibbee JR | 8931 Conference Dr #5 | <input checked="" type="checkbox"/> Add |
| | | Fort Myers, FL 33919 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Sherrrie Hauck | 8931 Conference Dr #5 | <input type="checkbox"/> Add |
| | | Fort Myers, FL 33919 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Ronald Bibbee | 8931 Conference Dr #5 | <input checked="" type="checkbox"/> Add |
| | | Fort Myers, FL 33919 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Sherrrie Hauck | 8931 Conference Dr #5 | <input type="checkbox"/> Add |
| | | Fort Myers, FL 33919 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

RECEIVED
JAN 11 2011
PM 5:31
FBI - TAMPA

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _____



Signature of a member or authorized representative of a member

Ronald Bibbee

Typed or printed name of signer

FILED
2020 MAY 18 PM 3:01
TALLAHASSEE FLORIDA