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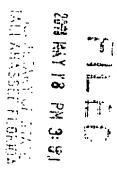
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HARRIS

### **COVER LETTER**

TO:	Registration Section Division of Corpor			
SUBJ	ест: <u>Ре</u>	Name of Limit	SCEEP ANGLYS ( led Liability Company	s, LLC
The er	aclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please	return all corresponde	ence concerning this matter t	o the following:	
		Rona	Name of Person	
			Name of Person	
		Professi	ONAL SLEEP A NO	ALYSIS, LLC
			Firm/Company	
		8931 CONFE	rence Dr Suite !	5
		Fort Mucrs,	FL 339 19 City/State and Zip Code	
	_	RBibbee1e		
			o be used for future annual report notifi	ication)
ror iu	rther information conc	erning this matter, please ca	II:	
<u>R.</u>	Name of Pe	bbee Jr	at (239) 278 · · · · · · · · · · · · · · · · · · ·	Telephone Number
Enclos	sed is a check for the f	ollowing amount:		
<b>&gt;≥51.</b> \$2	5.00 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						
(Name of the Limited Li (A F	iability Compa lorida Limited	iny as it now appears on ou Liability Company)	r records.)	-		
The Articles of Organization for this Limited Liabil Florida document number $L \circ 5 \circ \circ \circ 7$ .  This amendment is submitted to amend the following	<u>5546</u>	were filed on	y 200°	∑ ar	nd assi	gned
A. If amending name, enter the new name of the	_	oility company here:				
The first state of the state of	111111111111111111111111111111111111111					
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	on "LLC" or the	abbreviati	on "L.L	"C."
Enter new principal offices address, if applicable	::	-		<u> </u>	23	
(Principal office address MUST BE A STREET A	DDRESS)			<u>-</u>	<u>공</u> 2	<b>*</b>
		4+ 6-2 T- 1-		1217 1411	< ∑i-	Market ,
					<b>©</b> 0	
Enter new mailing address, if applicable:					7 <b>0</b>	
(Mailing address MAY BE A POST OFFICE BOX	<u>()</u>		_		بب	P#- [
	_		-	Ci <sub>1</sub> .:	ee.	
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>ente</u>	r the n	ame (	of the new
Name of New Registered Agent:		o Bibbee 3				<del></del>
New Registered Office Address:	1698	CONFERENCE Enter Florida stree		ں رہو	5	
	_			276	~ (0	
_	tort	Myers City	, Florida _	3 3°	7 19 Code	<del></del>
New Designatored Agent's Signature if shanging Design				-24,		

#### 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>	Name	Address	Type of Action
MGR	Ronard Bibbee JR	8931 Conference Dr#5	<b>∑</b> Add
		Fort Mucrs, FL 33919	☐ Remove
			Change
MGR	Sherrie Hauck	8931 Conference Dr #5	Add
		Fort Myers, FL 33919	<b>⊵</b> Remove
			Change
AKBR	Ronard Bibber	9931 Conference Dr #5	Add
		Fort Myers, FL 33919	□ Remove
			Change
AMBR	Sherrie Hauck	8931 Conference Dr #5	□ Add
		Fort Mucrs, FC 33919	Remove
			Change
			Add and
			Remove F
			The Report of the Park of the
			☐ Change ————————————————————————————————————
			_□ Remove
			_□ Change

N/A				
				·····
				<del></del>
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to da	u of filing or more	than 90 days after	onal) Gline ) Pursus	ant to 605 026
Note: If the date inserted in this block does not meet the applicable	statutory filing re	equirements, this	s date will no	ot be listed a
document's effective date on the Department of State's records.				
the record specifies a delayed effective date, but not an	effective time	o at 12·∩1 a	am on the	e earlier (
The 90th day after the record is filed.	enceave ann	ic, at 12.01 c	J.1117 OIT CIT	e carner .
			<del></del> -	D.5
Dated,				A PAIR RAG
				\$
Signature of a member or authorized	anner of fatire of a	n mambar	- <u> </u>	80
Signature of a member or authorized	representative of a	a member		PM

Page 3 of 3

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