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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDIOSLEEP CENTER OF NORTH TAMPA, 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:

ART BRADY

(Name of Person)

CARDIOSLEEP, INC.

(Firm/Company)

14499 N. DALE MARY HWY STE 250

(Address)

TAMPA FL 33618

(City/State and Zip Code)

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For further information concerning this matter, please call:

ART BRADY

(Name of Person)

at (813) 868-1905

(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

CardioSleep Center of North Tampa, LLC.
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 5/17/2006 and assigned
document number LO6000051364.

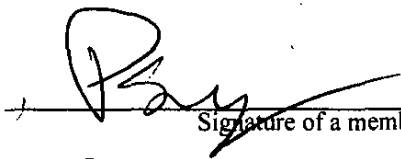
SECOND: This amendment is submitted to amend the following:

Company name change to:
CardioHealth Sleep Center of North Tampa, LLC.

FILED
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DIVISION OF CORPORATIONS
2006 OCT 13 PM 2:31

Dated

10/11/2006



Signature of a member or authorized representative of a member

PAUL STANLEY

Typed or printed name of signee