# 107000100343

| (Re                     | equestor's Name)  |                   |
|-------------------------|-------------------|-------------------|
| (Ad                     | dress)            |                   |
| (Ad                     | dress)            |                   |
| (Cit                    | y/State/Zip/Phone | e #)              |
| PICK-UP                 | MAIT              | MAIL              |
| (Business Entity Name)  |                   |                   |
| (Document Number)       |                   |                   |
| Certified Copies        | _ Certificates    | of Status         |
| Special Instructions to | Filing Officer:   | ,                 |
|                         |                   |                   |
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10/16/07--01007--004 \*\*25.00



## **COVER LETTER**

| TO: Registration Section Division of Corporations   |                                   |         |
|---|-----------------------------------|---------|
| SUBJECT: Bed-AWAY, LLC (Name of Limited Liability Company)  |                                   |         |
| (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:   |                                   |         |
| CATherine A. Miller (Name of Person)  |                                   | Ü       |
| Bed-Away. LLC (Firm/Company)  | I 6 P                             |         |
| 2200 KINGS HIGHWAY UNIT 3.I   | PM 2: 26<br>OF STATE<br>E. FLORID | ( Allen |
| PERT Churlotte F1. 33980 (City/State and Zip Code)  | Þ                                 |         |
| For further information concerning this matter, please call:  |                                   |         |
| (Name of Person) at (941) 505 4284  (Area Code & Daytime Telephone Num  | ber)                              |         |
| Enclosed is a check for the following amount:   |                                   |         |
| S25.00 Filing Fee Satus S55.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee Scriffied Copy (additional copy is enclosed)  Certificate of Scriffied Copy (additional copy is enclosed) | Status &                          |         |

### 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

|         | (A Florida Ellined Elability Company)   |                |         |
|---------|---|----------------|---------|
| FIRST:  | The Articles of Organization were filed on OCT. 2, 2007 and assigned document number $\angle 07000/00343$ . |                |         |
| SECOND. | This amendment is submitted to amend the following:   |                |         |
| SECOND: | MAILING AND STREET ADDRESS OF MAIN OFFICE   |                |         |
|         | ·   |                | 9       |
|         | PORT Charlotte FT. 33980  | <del></del>    |         |
|         | FORT CHARLOTTE TI. 33480  | _ 0            |         |
|         |   | 7 OC           |         |
|         | UNIT 2F WAS SUBMITTED IN ERROR )  | T 16           | 6 mm    |
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|         |   | _ <b>!&gt;</b> |         |
|         | ₹15<br><b>A</b> distribution  | 26             |         |
|         |   |                |         |
|         |   | _              |         |
| Dated   | DCY: 11, 2007   |                |         |
|         | Signature of a member or authorized representative of a member  |                |         |
|         | Signature of a member or authorized representative of a member  | _              |         |
|         | Cotherine A Miller Typed or printed name of signee  | _              |         |

Filing Fee: \$25.00