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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

B. KOHR

APR 1 5, 2009

EXAMINER

## **COVER LETTER**

FO: ~Registration Section **Division of Corporations** 

SUBJECT: DORAL	CENTER	FOR SLEEP	DISORDER
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(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:

Michael Sosa		
	(Name of Person)	<del></del>
DORAL CENTER FO	OR SLEEP DISORDER	
	(Firm/Company)	
10454 NW 31 Terr.		
	(Address)	· · · · · · · · · · · · · · · · · · ·
Doral, FL 33172		
	(City/State and Zip Code)	

For further information concerning this matter, please call:

Michael Sosa

(Name of Person)

786 331-8033 (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

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## DORAL CENTER FOR SLEEP DISORDER

(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 Florida document number L 08 00004661 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 end with 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: New Registered Office Address: (Enter Florida street address) (City)

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 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

MGRM = Managing Member Type of Action Title **Address** <u>Name</u> MGRM Roberto Moya 10454 NW 31 Terr Remove Remove. Doral, FL 33172 ☐ Add Remove \_ Add Remove Add Remove \_ Add Remove \_\_\_ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Sos CA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00