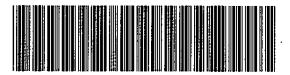
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T. CLINE

APR - 2 2010

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor	ection rporations	
SUBJECT: MA	MATTRESS Wholesalers of Southwest Florida Uc Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondence	ondence concerning this matter to the following:	
	Douglas WHUNER MERIN Name of Person MATTRESS Whole SALERS OF SOUTHWEST FLORING	i (
	MATTRESS Whole SALERS OF SOUTHWEST FLORING	4.
	ZO34 SE GHA LN	
	COSE CORAL FLA 3369.	
	Oughwer I and I for I fo	1
For further information of		n -
Douglas W.	oncerning this matter, please call: HUNEA at 239, 297-9419 of Person Area Code & Daytime Telephone Number	フ
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

MATTRESS WhoLES	ALERS	OF South	JEST FLORID	A U
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it nov ted Liability Cor	v appears on our records.) npany)	1 (1)	, i
The Articles of Organization for this Limited Liability Comp Florida document number <u>LO90001618</u>	pany were filed	on <u>Z-18-09</u>	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited The new name must be distinguishable and end with the words "I" L.L.C."	ZE Who	LISALENS OF	- SouthWES / Ton "LLC" or the abbreviation	CORID)
Enter new principal offices address, if applicable:			20 TA	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		EG S T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			TARY OF STATE	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ess on our records, <u>ent</u>	er the name of the new	
New Registered Office Address:				
now inogistered office Addition.		Enter Florida street	address	
		, Florida		
	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 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:

<u>'itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Add Remove
			AHAS Remove
	**************************************		FLORE Remove
). If amen —	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	v.)
<u></u>			
			
	3-29 , 20		

Page 2 of 2

Filing Fee: \$25.00