## L11000092536

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
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## COVER LETTER

TO: Registration Se Division of Cor		3	ř	*
SURJECT: B+L	_ Mattress, LL	C		
Soldier	Name of Limi	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
·	-			
	To	son Elast		
		Son F. Lent Name of Person		
	<b>.</b>			
	<u> </u>	Mattress Firm/Company		
		Firm/Company		
	14301	Panama City I	3 each Ph	<u>cw</u> y
	Panama C	ity Beach Fl	. 3241	3_
	info@shor E-mail address: (	ity Beach Fl City/State and Zip Code ehousefurnitu to be used for future annual report	notification)	<del></del>
For further information c	oncerning this matter, please ca	all:		
Jason	1 F. Lent	at ( <u>850)</u> 236 Area Code Day	-0200	
Name o	f Person	Area Code Day	rtime Telephone Nu	ımber
Enclosed is a check for the	ne following amount:			
. 1	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		00 Filing Fee, tificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compan Florida document number <u>411000092536</u> .	y were filed on <u>Aug 11, 20</u>	// and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or th	ne 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)	14301 Panama Panama City Beach	City Beach Pkwy F1. 32413
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		\$ \$ N
New Registered Office Address:	Enter Florida street address	- MC - F-
	, Florida	E COMPANY OF THE PROPERTY OF T
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	it:	

If Changing Registered Agent, Signature of New 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 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

Title MGR	Name Jason F. Lent	Address 14301 P.C.B. PKWY P.C.B F1.32413	Type of Action
			Remove
			Change
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ameno	ing any other information, enter cha	ange(s) here: (Attach additional sl	neets, if necessary.)
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n effect ite: If	e date, if other than the date of filing ive date is listed, the date must be specific and the date inserted in this block does not met's effective date on the Department of St	cannot be prior to date of filing or more that teet the applicable statutory filing requ	
	rd specifies a delayed effective do Oth day after the record is filed.	ate, but not an effective time,	at 12:01 a.m. on the earlier
ted	10/13/15	2015	
	Lasm	-/11/	
	Signature of a m	nember or authorized representative of a m	ember
	₹		

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Filing Fee: \$25.00