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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

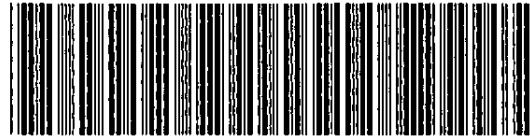
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JUL 17 2012

EXAMINER



300237194763

07/13/12--01014--018 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 13 PM 4:09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: My Sleep Apnea, 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:

KAREN A. MILITELLO

Name of Person

My Sleep Apnea, LLC

Firm/Company

8989 PASEO DE VALENCIA STREET

Address

FORT MYERS, FL 33908

City/State and Zip Code

KMILITELLO@MYSLEEPAPNEA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN A. MILITELLO

Name of Person

at (239)

887-1421

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

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUL 13 PM 4:09

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

My Sleep Apnea, LLC

(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 January 09, 2012 and assigned
Florida document number L12000003490.

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DIVISION OF CORPORATIONS
12 JUN 13 PM 4:09

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:

KAREN A. MILITELLO

New Registered Office Address:

12630 METRO PARKWAY, SUITE 100

Enter Florida street address

Fort Myers

City

Florida

33966

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.

Karen A. Militello
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TOM J. MILITELLO	12630 METRO PARKWAY Suite 100 Fort Myers, Florida 33966	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KAREN A. MILITELLO	12630 METRO PARKWAY Suite 100 Fort Myers, Florida 33966	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 10, 2012.

Karen A. Militello
Signature of a member or authorized representative of a member

KAREN A. MILITELLO
Typed or printed name of signee