## L12000033333

(R	Requestor's Name)	
(A	address)	
	address)	
(~	(Curess)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	Business Entity Name)	
(~	Jasiness Emily Name,	
(0	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	
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Office Use Only



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	COVER LETTER
TO: Registration Section Division of Corporations	•
SUBJECT: Si+ N Sleep L	LC
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Kevin	Sterk Name of Person  Sleep LL C
5:+N	Sleep LL C Firm/Company
4476 P	leasant Hill Rd Address
<u>Kissiman</u>	City State and Zip Code  PK Chot mail, Com  (To be used for future annual report notification)
KS+e E-mail address:	The Control of State
For further information concerning this matter, please c	call:
Kevin Sterk Name of Person	at (563) 568-7444  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION OF

Cir. 11 CI.

317 N 31666 CC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(A riorida Limited Clabinty Company)					
The Articles of Organization for this Limited Liability Company were filed on $\frac{5-13-19}{33333}$ and assigned					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The inducting name, enter the new name of the name of					
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."					
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)					
<u></u>					
B. If amending the registered agent and/or registered office address on our records, enter the name of the					
registered agent and/or the new registered office address here:					
Name of New Registered Agent: Kevin Sterk					
New Registered Office Address: 1223 MONTAICING CIPCLE					
Enter Florida street address					
New Registered Office Address:    2223 Montalcino Circle					
City Tip Code					
New Registered Agent's Signature, if changing Registered Agent:					
I haraby account the approximation of registered agent and appear to get in this agreeity. I finish a game to assume will					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Actio
President MGR	Nathan Sterk	12223 Montalcino Cir Windermere, FL 34786	E) E TOTADO
			Remove
MCR			<b>#</b> Change
vice P <u>reside</u> nt Adams	Kevin Sterk		Add
77 <del>1189</del> -1		,	□ Remove
		12223 Montalcino Ci Windermere, FL 347	rc/etaChange
AMBR	Debra Sterk		□ Add
		12723 Montelcino Cinc Windernere, FL 347	Remove 86
		<u> </u>	Change
AMBR	Stephanie Sterk	12223 montalcino C' winder Mere, FL 3478	in Badd
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or removed from our records:

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	ve date, if other than the datective date is listed, the date must be		5 - 13 -		
Note:	If the date inserted in this blockent's effective date on the Department.	c does not meet th	he applicable statutory		
	ord specifies a delayed e 90th day after the recore		but not an effecti	ve time, at 12:01 a	.m. on the earlier of:
	5. 13	\	\ \ \ \ C		
Dated	5.13-	<u> </u> d	2017.		
		16			
			er or authorized represent		
	/	Kevin	Sterk d or printed name of sign		
		Typed	d or printed name of sign	ee	
			Page 3 of 3		

Filing Fee: \$25.00