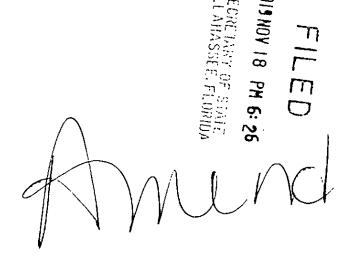
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I ALBRITTON

COVER LETTER

SUBJECT:	LUXURY I	MATTRESS, LLC.					
SOBJECT.	_	Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		ALICIA JIMENEZ					
		LUXURY MATTRESS, LLC	Name of Person				
		Firm/Company 1436 EAST ATLANTIC BLVD UNIT H					
Address POMPANO BEACH, FLORIDA 33060							
		City/State and Zip Code mmgaleryf12012@gmail.com					
		E-mail address: (to be used for future annual report notif	ication)			
For further in	nformation c	oncerning this matter, please ca	all:				
ALICIA JIM	ENEZ		561 8460374				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed is a	a check for th	e following amount:					
\$25.00 F	iling 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:

TO:

Registration Section
Division of Corporations

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

(Name of the Limited Liability Company as it now appears on our records,)

LUXURY MATTRESS, LLC.

(A	Florida Limited Liability Company)	د ا
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on 3/2	24 2012 Egandassigned
This amendment is submitted to amend the follow	ing:	A PO
A. If amending name, enter the new name of the	ne limited liability company here:	6. 26
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our	records, enter the name of the new
New Registered Office Address:	Enter Florida str	eet address
		Vlo≓do
-	City	, Florida Zip Code
iew Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register eing filed to merely reflect a change in the reg	and complete performance of my d	uties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u> MGR	<u>Name</u> ΙΟΝ U Γ D MURAR	Address 1436 East Atlantic Blvd Suite H.	Type of Action
		Pompano Beach FL, 33060	
			■ Remove
	_		Change
MGR	ALICIA JIMENEZ	1436 Fast Atlantic Blvd Suite H, Pompano Beach FL, 33060	
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			☐ Change
			D Add
			□ Remove
			☐ Change

_		
		
n effecti <u>ste:</u> If i	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.	· of
ed	Llovember 12 2019.	
	Signature of member or authorized representative of a member	
	IONUT MURAR	

D.

Page 3 of 3

Filing Fee: \$25.00