<u>Ladobason</u>

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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JUN 2 3 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 JUN 23 PM 1: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 12, 2015

HANS NAJAC NAJAC TAX PRO 2250 LEE RD STE 200 WINTER PARK, FL 32789

SUBJECT: MIRACLE MATTRESS & FURNITURE LLC

Ref. Number: L12000072307

We have received your document for MIRACLE MATTRESS & FURNITURE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 615A00012338

COVER LETTER 🎠

	sion of Corp	oorations				
•	MIRACLE I	MATTRESS & FURNITURE	LLC			
·		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	dence concerning this matter	to the following:			
		HANS NAJAC				
			Name of Person			
		NAJAC TAX PRO				
			Firm/Company			
		2250 LEE RD SUITE 200				
			Address			
		WINTER PARK, FL 3278	9			
			City/State and Zip Code			
		NAJACTAXPRO@GMAII				
		E-mail address: (t	to be used for future annual repo	rt notification)		
For further in	formation co	ncerning this matter, please ca	all:			
HANS NAJA	AC		407 636-7€ at ()	574 Daytime Telephone Number	78 7	
	Name of		Area Code D	Paytime Telephone Number	11 -8 12 14 2 1	
Enclosed is a	check for the	following amount:				
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified	ing Fee, e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

MIRACLE MATTRESS & FURN		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 05/	29/12 and assigned
Florida document number L12000072307	· -	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		सिंह्य ज
Enter new mailing address, if applicable:		A Comment of the Comm
Mailing address MAY BE A POST OFFICE	<u> </u>	HIS OF IT
3. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the no
Name of New Registered Agent:	HANS NAJAC	
New Registered Office Address:	2250 LEE RD SUITE 200	
	Enter Flor	ida street address
	WINTER PARK	, Florida ³²⁷⁸⁹
	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 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

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>	Name	Address	Type of Action
MGRM	RUTHZA DORCEUS	7520 HIGHLAKE DR	□ Add
		ORLANDO, FL 32818	■ Remove
			□ Change
<u> </u>			Add
			□ Remove
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ective date, if other tl	han the date of filing:		(optiona	nl)
effective date is listed, the	e date must be specific and cannot be in this block does not meet the ap	prior to date of filing or a	more than 90 days after fili no requirements, this da	ng.) Pursuant to 605.0 ite will not be listed
	on the Department of State's reco		ng requirements, this an	
record specifies-a o	delayed effective date, but	t not an effective	time, at 12:01 a.m	n. on the earlie
The 90th day after t				·-:
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Ma	Signature of a member of	authorized representative	e of a member	1130

Page 3 of 3

Filing Fee: \$25.00