

L13000054891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2014

PRESTON MARTIN
205 SW PARK ST
OKEECHOBEE, FL 34972

SUBJECT: MIGHTY MATTRESS OF OKEECHOBEE, LLC
Ref. Number: L13000054891

We have received your document for MIGHTY MATTRESS OF OKEECHOBEE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00002715

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MIGHTY MATTRESS OF OKEECHOBEE 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:

PRESTON L MARTIN

Name of Person

MIGHTY MATTRESS OF OKEECHOBEE LLC

Firm/Company

205 SW PARK ST

Address

OKEECHOBEE FL 34972

City/State and Zip Code

mightymattress@centurylinc.net

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

For further information concerning this matter, please call:

PRESTON L MARTIN

Name of Person

at **863 357-0113**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIGHT MATTRESS OF OKEECHOBEE 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 APRIL 15, 2013 and assigned Florida document number L13000054891.

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:

New Registered Office Address:

Enter Florida street address

Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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AMBR	JOY COBURN	205 SW PARK ST	<input type="checkbox"/> Add
------	------------	----------------	------------------------------

Remove

OKEECHOBEE FL 34972

☒ Remove

AMBR	AMY COBURN	205 SW PARK ST	<input type="checkbox"/> Add
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Add

OKEECHOBEE FL 34952

☐ Remove

☐ Add

☐ Remove

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☐ Add

☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **FEBRUARY 3 2014**



Signature of a member or authorized representative of a member

PRESTON L. MARTIN

Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 27 PM 1:47

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