

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002424473)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HYPNOS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 1 2 2023 < Brumbi#y

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HYPNOS, LLC			
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Florida document number L13000168828	<del></del>	were filed on 12/05/2013	and assigned
This amendment is submitted to amend the foi			
A. If amending name, enter the new name	of the limited lial	pility company here:	
11/2			
The new name must be distinguishable and contain the	words "Limited Liab		or the abbreviation "L.L.C."
Enter new principal offices address, if appli		11/0	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address , Flori	ARTHUR FILE
	<u> </u>	City	- XIp Con
New Registered Agent's Signature, if changing	Registered Agent:		S
I hereby accept the appointment as register provisions of all statutes relative to the propaction the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is
	16 <i>C</i> 'h	nging Registered Agent Signature of N	less Registered Agent

To:

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2023-07-11 07:54:50 CST

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Thomas J. Guilfoy	5525 W. Cypress Street	□Add
		Tampa, FL 33607	• Пелюче
		<del> </del>	□Change
MGR	Justin T. Johnson	5525 W. Cypress Street	• Add
		Tetnpa, FL 33607	
			Change
MGR	James H. Bradley, Jr.	5525 W. Cypress Street	■Add
		Tampa, FL 33607	□Remove
			☐ Change
			□Remove
			□ Change
			□Add
			ПRеточе
			☐ Change
			□Add
			□ Кеточе
			□ Change

-		<u> </u>	
<u></u>			
<del></del>			
· · · · · · · · · · · · · · · · · · ·			
	<del> </del>		<del></del>
-	·		
<del></del>			
ffective date, if other than the carrier is listed, the date must be some if the date inserted in this blood ocument's effective date on the Dep	be specific and cannot be prior to da ck does not meet the applicable	ate of filing or more than 90 days at	otional) her filing.) Pursuant to 605,020 his date will not be listed as
record specifies a delayed effective Lis filed	date, but not an effective time,	at 12:01 a.m. on the earlier of;	(b) The 90th day after the
ated	. 2023	Ja-4E	Selyt
	ignature of a member or authorize		· · · · · · · · · · · · · · · · · · ·
•		•	