14000011782

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ection porations	•	
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	nited Liability Company	
Amendment and fee(s) are sul	pmitted for filing	
	_	
Christopher D. Hale		
/A	Name of Person	
Christopher D. Hale, P.A.		
	Firm/Company	
633 Southeast Third Aven	ue, Suite 301	
•	Address	
Fort Lauderdale, FL 3330	ı	
chale@halepalaw.com	City/State and Zip Code	
	to be used for future annual report noti	fication)
oncerning this matter, please c	all:	
	954 615-1677	
Person	at () Area Code Daytim	e Telephone Number
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ection	Street Address: Registration Sec	
	Products LLC Name of Lir Amendment and fee(s) are sulted and and and fee(s) are sulted	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Christopher D. Hale Name of Person Christopher D. Hale, P.A. Firm/Company 633 Southeast Third Avenue, Suite 301 Address Fort Lauderdale, FL 33301 City/State and Zip Code chale@halepalaw.com E-mail address: (to be used for future annual report notion cerning this matter, please call: Person at (

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 26 AM 10: 18

Blu Sleep Products, LLC		SECRETARY OF STATE OF	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L14000011782	were filed on January	22, 2014 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	tion "L.L.C." 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 a agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	s, <u>enter the name of the new registered</u>	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chant	tiles, 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>	<u>Name</u>	Address	Type of Action
AMBR	Erasmo Ciccolella	8520 Lewis River Road	
		Delray Beach, FL 33446	■Remove
			□ Change
AMBR Elisabetta Dell'Accio	Elisabetta Dell'Accio	8520 Lewis River Road	[]Add
		Delray Beach, FL 33446	
			□Change
AMBR Ciccolella/Dell'accio Rev. Fam Trst	8520 Lewis River Road	≅ ∧ád	
		Delray Beach, FL 33446	\ Remove
			□Change
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	at be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.0207 (ing requirements, this date will not be listed as the
c record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
	2021	
August 16 Dated		
Dated August 16		
Dated August 16	Signature of a member or authorized representative	veof a member

Filing Fee: \$25.00