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(Business Entity Name)
(Document Number)
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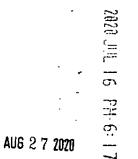
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S. YOUNG

	bourne, LLC		
50BJEC1:	Name of Liu	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Charles Nestor II		
		Name of Person	
	MBA Melbourne, LLC		
		Firm/Company	
	3048 Constellation Dr.		
		Address	
	Melbourne, Florida 32940	•	
		City/State and Zip Code	
	charlesnestor2@icloud.con		<del></del>
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Charles Nestor II		321 848-8145	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
<b>■ \$</b> 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 Addres		Street Address:	
Registration : Division of C		Registration So	
P.O. Box 632	•	Division of Co The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

· TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION OF

MBA Melbourne, LLC		. 22
( <u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our raida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on April 28, 20	and assigned
This amendment is submitted to amend the following:		ن- ق
A. If amending name, enter the new name of the li	mited liability company here:	
Mattress Direct America LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	<del>-</del>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
	<u>,, ,,,</u>	_, 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.

	-			
		 	 	<u></u> -

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
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ective date, if other than effective date is listed, the date is: If the date inserted in thi ument's effective date on the	must be specific and ca s block does not me	annot be prior to date et the applicable:	e of filing or more tha statutory filing requ	(optional) n 90 days after filing.) l irements, this date w	Pursuant to 605.020 vill not be listed a
cord specifies a delayed effe s filed.	ctive date, but not a	n effective time, a	it 12:01 a.m. on the	earlier of: (b) The	90th day after the
April 22	_	2020			
	On Aut				

Typed or printed name of signee