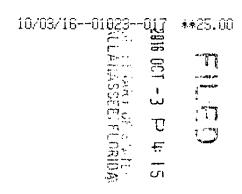
1140000 88083

•	
(Requestor's Name)	
(Address)	
(Address)	
City (Chate 77) y (Chang 40)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	:
	ļ

Office Use Only



400290836944



D. BRUCE OCT 04 2016

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	SLEEP ENTERP Name of Lim	NISES LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FA12 F	ATTEAL Name of Person		
	SLEEP ENTER	CPAISES LLC Firm/Company		
	400 Far Palm	Address		
			ELZHAS	T
	fair, fatt	City/State and Zip Code Chagmail. (6th to be used or future annual report notif	PAN DOT -3 P W 15	ET C
For further information c	oncerning this matter, please ca		25 - 55 - 55 - 55 - 55 - 55 - 55 - 55 -	
FA12. Name o	FATTEH Person	at (954) 536 Area Code Daytime	•	
Enclosed is a check for the	ne 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

Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L140000 88083</u> 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 contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agrée 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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STRAHL, MATTHEW L	1201 US 1, SUITE 300	
		N. PALM BEACH, FL 33408	☑ Remove
			☐ Change
			Add
		 	□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			Remove Change
			Address = Remove
			☐ Change
			Add
			☐ Remove
			Change

				-
	•		_, ,	
		D.	£2	
		Γ.,	55	·
•		AHASS	<u> </u>	قتعدد. وترجعيسي
		\$175.44°	<u></u>	
		74 74 77	U	
		325	- 40°	
	.	<u> </u>		
tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of	filing or more than 90 day	(optional) 's after filing.) Pursuar	nt to 605.0
If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	itory filing requirement	ts, this date	will not	be liste
seems a crossive date on the Department of State 3 records.				
cord specifies a delayed effective date, but not an eff	fective time, at 12:	:01 a.m.	on the	earlie
e 90th day after the record is filed.				
9/29/16 2016. In A				
An A				
1 1 1	resentative of a member			

Page 3 of 3

Filing Fee: \$25.00