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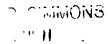


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COVER LETTER

TO:	Registration S Division of Co.						
SUBJE		Sleep Medicine Solutions, LL	С				
NO DO E	C1	Name of Limited Liability Company					
		Amendment and fee(s) are sub	•				
Please ri	eturn all correspo	ondence concerning this matter	to the following:				
		Paul Cipparone					
			Name of Person				
		Cipparone & Cipparone, P	?. A .				
		1676 [Firm/Company				
		1525 International Parkwa	y, suite 1071				
		Lake Mary, Florida 32746	Address				
		identistry@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report noti-	fication)			
For furth	er information e	oncerning this matter, please co	all:				
Paul Cip	parone		321 275-5914 at ()				
	Name o	t Person	Area Code Daytime	e Telephone Number			
Enclosed	l is a check for th	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)			
		INC. A DARRONG					

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

Lake Nona Sleep Medicine Solutions, LI		
(Name of the Limited Li (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on January 16, 2015	and assigned
Florida document number L15000009883	 ·	
This amendment is submitted to amend the following	o·	
The second of th	5 '	5
A. If amending name, enter the new name of the	limited liability company here:	
Nona Sleep Medicine, LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address if applicable		1. ~
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	
		2
B. If amending the registered agent and/or re	egistered office address on our records, enter	the name of the nev
registered agent and/or the new registered office a	address here:	me name of the nev
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	-
	Emer Piorida sireet daaress	
_	, Florida	
N		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, and I am , d agent as provided for in Chapter 605, F.S. Or, tered office address, I hereby confirm that the lit	familiar with and if this document is

Page 1 of 3

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 = M $AMBR = A$	lanager othorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
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ffective date, if other than the	January date of filing:	1, 2019	(ontio	1)
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	eck does not niegt the ap	plicable statutory t	or more than 90 days after filing requirements, this	iling.) Pursuant to 605 0207: date will not be listed as
e record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	not an effectiv	e time, at 12:01 a.	m. on the earlier of:
December 20	2018	·		
11/2				
monte 1.	/			

Page 3 of 3

Filing Fee: \$25.00