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| (Cit | ty/State/Zip/Phone # | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
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| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida Mattress Outlet LLC | | |
|---|--|--|
| (Name of the Lim | ited Liability Company as it now a (A Florida Limited Liability Compa | ppears on our records.) any) |
| The Articles of Organization for this Limited l | _iability Company were filed or | n <u>08-19-2015</u> and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability compar | <u>iv here</u> : |
| The new name must be distinguishable and contain the | words "Limited Liability Company," | the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | <u> </u> |
| | | |
| | | 777 |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
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| B. If amending the registered agent and registered agent and/or the new registered of | • • | s on our records. enter the name of the |
| Name of New Registered Agent: | jon sine | |
| New Registered Office Address: | 6040 north lockwood ridge re | oad |
| | Ente | r Florida street address |
| | sarasota | , Florida ³⁴²⁴³ |
| | 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.

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> | <u>Address</u> | Type of Action |
|--------------|-------------------|--------------------------------|----------------|
| president | Rogers, William S | 6040 North Lockwood Ridge Road | |
| | | sarasota, fl 34243 | ■ Remove |
| | | | ☐ Change |
| mgr | jon sine | 6040 North Lockwood Ridge Road | |
| | | sarasota, fl 34243 | □ Remove |
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| m effective date is li ote: If the date in | other than the da isted, the date must be serted in this block re date on the Depa | specific and does not m | cannot be prio seet the applic | r to date of filing cable statutory | g or more than S | (optiona 90 days after filic ements, this da | ng.) Pursua | ant to 605,020 of be listed a |
| | ies a delayed e after the record | | ate, but no | ot an effect | ive time, a | t 12:01 a.m | i. on th | e earlier o |
| ited | 5-27 | <u></u> | 18 | · | | | | |

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Filing Fee: \$25.00