# L 5000000 168

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>; #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
,		·- <b>,</b>
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500281826945

02/08/16--01043--006 \*\*30.00



FEB 0 9 2016 S. YOUNG

### **COVER LETTER**

Division of Corpor			
SUBJECT:	JIPPONFLEX Name of Lin	AMERICA, LL nited Liability Company	. <u>C</u>
The enclosed Articles of Am	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Weveero	Name of Person	<del></del>
		Firm/Company	
	20 ° 5.	MILITARY TOL.	F. 6
		Address  -ZD BCM, FL =  City/State and Zip Code	
-	VH6	FI DERICKE GMF	×ίL-CoM
For further information conc			caucin)
Weverow H	FOFRICK croon	at (561) 929- Area Code Daytime	- <u>2272</u> Telephone Number
Enclosed is a check for the f			
□ \$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)
Registration of P.O. Box (	f Corporations	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIPPONFLEX AMO Name of the Limited Liability Company (A Florida Limited Lia	ERICA LLC as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L15000207168</u> .	ere filed on <u>12/14/20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
SLEEPONTHERAPY A	AMERICA, LLC	
The new name must be distinguishable and contain the words "Limited Liability		
Enter new principal offices address, if applicable:	208 S. MILIT DEERFIELD B	ARY TRL
(Principal office address MUST BE A STREET ADDRESS)	DEERFIELD B	CH, FL, 33442
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 here:	N/A. ce address on our records, €	enter-the name of the new
Name of New Registered Agent:	Np	
New Registered Office Address:	Enter Florida street address	
	, Florie	da
New Registered Agent's Signature, if changing Registered Agent:	·	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

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
<del></del>			
			Remove
			□ Add
			□ Remove
			Change
	-		☐ Add
		<u></u>	Remove
		<u></u>	☐ Change
			☐ Add
			☐ Remove
			Change
			□ Remove
	/ 		Add
			Remove
			Change

•			
	<u> </u>		
***************************************			
			<u></u>
		•	
· · · · · · · · · · · · · · · · · · ·			········
	<u> </u>		,
			Jo 👼
			<u></u>
			<u>ښ</u>
			<u> </u>
ctive date, if other than the da	te of filing:	(op	tional)
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be prior to date a does not meet the applicable sta	of filing or more than 90 days af stutory filing requirements, t	ter filing.) Pursuant to 605.02 his date will not be listed
ment's effective date on the Depa			
ecord specifies a delayed e	ffective date, but not an e	ffective time, at 12:01	a.m. on the earlier
ne 90th day after the record	is filed.		
12001 12t	th 2/6/1		
DANVARY, 12+	,		
	NIT		
Sio	gnature of a member of authorized re	presentative of a member	
9-2	- 11 \ 1		

Page 3 of 3

Filing Fee: \$25.00

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





#### **Detail by Entity Name**

#### Florida Limited Liability Company

NIPPONFLEX AMERICA, LLC

#### **Filing Information**

**Document Number** 

L15000207168

FEI/EIN Number

NONE

**Date Filed** 

12/14/2015

Effective Date

12/14/2015

State

FL

Status

**ACTIVE** 

#### **Principal Address**

208 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442

#### Mailing Address

208 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442

#### Registered Agent Name & Address

SOARES, ANTONIO S 21078 ESCONDIDO WAY BOCA RATON, FL 33433

#### Authorized Person(s) Detail

#### Name & Address

Title MGR

SOARES, ANTONIO S 21078 ESCONDIDO WAY BOCA RATON, FL 33433

Title AMBR

HEIDERICK, WEVERTON D 21078 ESCONDIDO WAY BOCA RATON, FL 33433 16 feb -8 ph 3:0

#### **Annual Reports**

## No Annual Reports Filed

D	O	C	u	n	1	e	n	t	Ì	r	n	a	g	е	S

12/14/2015 -- Florida Limited Liability View image in PDF format

Capyright © and Privacy Policies

State of Florida, Department of State

SECRETARIA SI OS SECRET