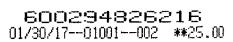
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D. SCOTT JAN 2 7 2017

## **COVER LETTER**

TO: Registration Division of C				
MATTR	ESS WAREHOUSE, LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
	IAN TUTTLE			
		Name of Person		
	•	Firm/Company		
	46 GOLD FINCH WAY			
, ,	Name of Person  Firm/Company  46 GOLD FINCH WAY  Address  CRAWFORDVILLE, FL 32327  City/State and Zip Code iantutt@gmail.com E-mail address: (to be used for furbre annual report notification)  Fermail address: (to be used for furbre annual report notification)  Name of Person  at (  850 Area Code  Daytime Telephone Number  Area Code  Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)  MAILING ADDRESS:  STREET/COURIER ADDRESS:			
	CRAWFORDVILLE, FL	32327		-
,	1 1116	pa of tally Car	nsil·com report notification)	17 JAN 2
For further information	n concerning this matter, please ca	all:		SSEC O
IAN TUTTLE	•	and the second s	6-1106	17 P.
Nam	e of Person		Daytime Telephone Number	25 25
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee		Certified Copy	Certifica	te of Status &
!		(additional copy is enc		
Regi Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314	Registrat Division Clifton B	ion Section of Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATTRESS WAREHOUSE, LLC		
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 1/11	/2016 and assigned
This amendment is submitted to amend the following:	; . , .	
A. If amending name, enter the new name of the limit	ed liability company her	<b>2</b> :
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		TALLANASSEE FLOR
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter the name or the new
Name of New Registered Agent:		<b>,</b>
New Registered Office Address:	Enter Floric	a street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	, [	Zip Code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performançe of n ent as provided for in Cl	ry duties, and I am familiar with and apter 605, F.S. Or, if this document is
	1 <b>(</b>	

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 = Ma AMBR = Au	nager thorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daniel Moseley	P.O. Box 57111 Jacksonville, FL 32241	<b>X</b> Add
		Jacksonville, FL 32241	□ Remove
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n effective date is listed, the	e date must be specific a	nd cannot be pr	ior to date o	f filing (	or more than 90 days after fi iling requirements, this o	ling.) Pursuant to 605.0
cument's effective date				6.5		iate will not be listed
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record specifies a	delayed effective	date, but r	not an ef	fecti	etime, at 12:01 a.	m. on the earlie
The 90th day after t	the record is filed	1.	•	: .! !	<u>\$</u> ;	
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Page 3 of 3
Filing Fee: \$25.00