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COVER LETTER

		ration Secton of Corp			
SUBJEC		IATTRESS	KINGZ LLC		
SUBJEC	, I,		Name of Limi	ited Liability Company	
	,				
The enclo	osed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn al	l correspon	dence concerning this matter	to the following:	
			LUCY PALACIOS		
				Name of Person	
			M & L ACCOUNTING SI	ERVICES INC	
				Firm/Company	
			16969 NW 67 AVENUE S	STE 208	
				Address	
			HIALEAH, FL 33015		
				City/State and Zip Code	
			LUCY@MLACCOUNTING		
			E-mail address: ()	to be used for future annual report i	notification)
For furth	ier info	rmation co	ncerning this matter, please ca	all:	
LUCY F	PALAC	CIOS		305 231-7212 at ()	!
		Name of	Person		time Telephone Number
Enclosed	d is a cl	heck for the	e following amount:		
\$25.6	.00 Fili	ng 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)
		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COL Registration Se Division of Cor Clifton Buildin 2661 Executive	porations g

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MATTRESS KINGZ LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 2 9 16	and assi	gned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
MATTRESS KINGS LLC.				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.	C."	
Enter new principal offices address, if applicable:	8242 WEST FLAGLER STREET			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33144			
Enter new mailing address, if applicable:	8242 WEST FLAGLER STREET	<u>ක්</u>	;	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33144	<u> </u>	#1. 	
		చ	10 (10 m²) 10 (10 m²)	
B. If amending the registered agent and/or registered o	ffice address on our records, enter t	the name	of the nev	
registered agent and/or the new registered office address her	<u>e</u> :	9		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida	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

<u> itle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
		-	Add
			Change
			□ Add
			Remove
			Change
			□ Remove
			□ Change
			Ad87
			Rejjove
			□ Change
			Remove

If amending any other info	mation, enter change(s) here: (Attach additional sheets,	if necessary.)	
-			
			
Note: If the date inserted in th	the date of filing: 9-10-2016 must be specific and cannot be prior to date of filing or more than 90 days block does not meet the applicable statutory filing requirement e Department of State's records.		
the record specifies a dela) The 90th day after the	yed effective date, but not an effective time, at 12 record is filed.	::01 a.m. on the earlier of	:
Dated	. 2016	16 00	
X Joseph	Yakkell Signature of a member or authorized representative of a member		
U	V	In	; ; ; ; ;; ; ; ;
JOSE EMMANUE	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00