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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOOD HEALTH MATTRESS, LLC**

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D. SCOTT

OCT 19 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOOD HEALTH MATTRESS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA WOODARD

Name of Person

ABK CORP

Firm/Company

3300 S HIAWASSEE RD STE 106

Address

ORLANDO, FL 32835

City/State and Zip Code

OPERATIONS@ABKCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA WOODARD

at (407)

898-1757

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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Certified Copy
(additional copy is enclosed)

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

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

GOOD HEALTH MATTRESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/03/2016 and assigned
Florida document number L16000107632

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 applicable:

5334 OLD WINTER GARDEN RD

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32811

Enter new mailing address, if applicable:

6965 PIAZZA GRANDE AVE STE 311-10

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32835

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALVES, WENDERSON

New Registered Office Address:

6965 PIAZZA GRANDE AVE STE 311-10

Enter Florida street address

ORLANDO

Florida

City

32835

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.

Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	DUTRA, ALESANDRO S	6965 PIAZZA GRANDE AVE	<input type="checkbox"/> Add
		STE 311-10	<input type="checkbox"/> Remove
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change
MGR	DA SILVA, ERNESTO S	6965 PIAZZA GRANDE AVE	<input type="checkbox"/> Add
		STE 311-10	<input type="checkbox"/> Remove
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change
MGR	ALVES, WENDERSON	6965 PIAZZA GRANDE AVE	<input checked="" type="checkbox"/> Add
		STE 311-10	<input type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
MGR	CAVALCANTI, ALDSON S	6965 PIAZZA GRANDE AVE	<input checked="" type="checkbox"/> Add
		STE 311-10	<input type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated OCTOBER 18 2016

Signature

Signature of a member or authorized representative of a member

ERNESTO S DA SILVA

Typed or printed name of signee

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