## L17000091827

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Address)  (Address)  (City/State/Zip/Phone #)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIO

FILED

D. BRUCE JUN 02 2017

## **COVER LETTER**

Division of Co	rporations			
SUBJECT:	MATTR Name of Limi	LESS DOCTOR L	LC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	W	ATKINS FESSIAL Name of Person	<u>-</u>	
	MAT	TRESS DOCTOR Firm/Company	LLC	
		6 STARLITE S Address		
	CLER	City/State and Zip Code  SS doc for 11 cas of two be used for future annual report notificall:  at (407) 516 2  Area Code Daytime	4 34714 SECRET	7
	mattre E-mail address: (1	55 doc for 11 ca or	mail. Co BAR -2	
For further information of	concerning this matter, please ca	di:	OF SI	C
Rene	Perez.	at (407) 516 2 Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$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)	
	.ING ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



May 16, 2017

WATKINS FESSAL 15616 STARLITE STREET CLERMONT, FL 34714

SUBJECT: MATTRESS DOCTOR L.L.C

Ref. Number: L17000091827

We have received your document for MATTRESS DOCTOR L.L.C, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 217A00009757

TOTAL AHASSEE, FLO

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	5 Doctor L.L.C
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
orida document numberL_1700091827  his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	<u>DRESS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE AND
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	<u> </u>
Name of New Registered Agent:	S: 01
New Registered Office Address:	Enter Florida street address
	, Florida
	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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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		Clermont, Florida	, 34714 - Remove
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Effect	tive date, if	other than	the date of	filing:				(optiona	i)	
If an ef Note:	ffective date is l	isted, the date iserted in thi	must be speci s block does	fic and cann not meet t	ot be prior to he applicat			0 days after filin ments, this da	ig.) Pursu	
	cord specif 90th day				but not	an effecti	ve time, at	: 12:01 a.m	. on th	ie earlier d
Dated	05	04/20	ロフ				<b>&gt;</b>			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00