

L17000117344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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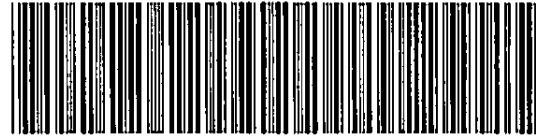
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 26 2017

ARCHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIAMI MATTRESS MANUFACTURING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and (if any) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE GONZALEZ

Name of Person

MIAMI MATTRESS MANUFACTURING LLC

Firm/Company

18367 NW 19 AVE

Address

OPA LOCKA, FL 33054

City/State and Zip Code

JORGELOPEZ@HOTMAIL.COM

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

For further information concerning this matter, please call:

JORGE GONZALEZ

305 433-0000

at ( )

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 Service

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

☐ \$60.00 Filing Fee,  
Certificate of Service &  
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

MIAMI MATTRESS MANUFACTURING LLC

Page 1 of 3

If amending Authorized Person(s), please list name, address, and title, and check appropriate box, or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EMMA NAHATA RENDON	10795 NW 50 STREET APT 106	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IVAN REY	10795 NW 50 STREET APT 106	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (attach additional sheets, if necessary.)

17 SEP 26 AM 7:05  
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 09/15/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

09/15/2017

Signature of a member or authorized representative of a member

JORGE GONZÁLEZ

Typed or printed name of signee