## 117000117344

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900306756169

12/21/17--01012--021 \*\*30.00

17 050 乙川州1:29



## **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT		ATTRESS MANUFACTURIN	G LLC	
	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	indence concerning this matter	to the following:	
		JORGE GONZALEZ		
			Name of Person	
MIAMI MATTRESS MANUFACTURING LLC				
Firm/Company				<del></del>
		12300 NW 32ND AVE		
			Address	
		MIAMI, FL 33167		
			City/State and Zip Code	
		jorgeglopcz@hotmail.com		
			to be used for future annual report notif	lication)
For further	information co	oncerning this matter, please ca	all:	
JORGE G	ONZALEZ		305 6320888	
-	Name of	f Person		: Telephone Number
Enclosed is	sacheck for th	ne 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)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI MATTRESS MANUFACTURING	LLC				
( <u>Name of the Limited Liabili</u> (A Florida	ty Compan Limited L	y as it now appears on our recability Company)	ords.)		
The Articles of Organization for this Limited Liability C	Company v	were filed on 05/26/2017		and assigne	d
Florida document number L17000117344					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited_liabil	lity company here:			
N/A					
The new name must be distinguishable and contain the words "Lim	ited Liabili	ty Company," the designation "L	.LC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:		12300 NW 32ND AVE		17	) (38)
(Principal office address MUST BE A STREET ADDR	RESS)	MIAMI, FL 33167		33.0	36
				ک _	
				·	
Enter new mailing address, if applicable:		12300 NW 32ND AVE		Ā	,
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33167		<del>ా:</del>	= :-
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or registered agent and/or the new registered agent	tered off ress here:	ice address on our reco	rds, enter the	name of t	he new
Name of New Registered Agent: N/A					<del></del>
New Registered Office Address:					
	_	Enter Florida street add	ress		
		1	Florida		
		City		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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	IVAN REY	10795 NW 50 ST APT 305	
		DORAL, FL 33178	
			Change
		•••	Add
			Remove
			Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			☐ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	·	
		7 ns
	_	1.72d
		<b>~</b>
		<b>্রে</b>
	<del></del>	
	, <del></del>	
(If an c <u>Note</u>	tive date, if other than the date of filing:  [12/18/2017]  (optional)  [Ffective 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  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	i.0207 (3)(b) ed as the
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earliese 90th day after the record is filed.	er of:
Date	d 12-18-17	
	Signature of a member or authorized representative of a member	
	JORGE GONZALEZ	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00