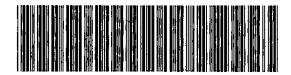
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ft myors Mottress Outlet  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:
Jamie Mark Name of Person
Ft myers Mottress Outlet Firm/Company
Note Ridgement de
Lehigh CCRU & 33972  City/State and Zip Code  F1 mps mothers Other @ gmail. Com  E-phail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tamie Mark  Name of Person  at (339) L45-2487  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{\$\text{Status}\$}\$\$ \$\text{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

Ff Myers Mottre	SS OUT UT  lity Company as it now appears on old Limited Liability Company)	ur records.)	<del></del>		
The Articles of Organization for this Limited Liability of Florida document number <u>U8003393</u>		. —	nd assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designat	tion "LLC" or the abbrevial	ion "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)		····		
Enter new mailing address, if applicable:			SECRETARY ALLAHASS 18 FEB 22		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		3 men		
B. If amending the registered agent and/or regi		records, enter the r	STATE OR The new		
Name of New Registered Agent:					
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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jamie Mark	166 Ridgement de	Add
		166 Ridgement dr 16high ares FC	☐ Remove
		33972	☐ Change
			Add
			□ Remove
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Note:	ive date, if other than the date of filing:	o 605.0 e listec	)207 (3) I as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier	r <b>o</b> f:
Dated :	February 16th 2018.		
	Signature of a member or authorized representative of a member	_	
	V. Jamie Mark		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00