L18000131335

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| | | |
| (Add | dress) | |
| | | |
| (Add | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| ` | · · | ŕ |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| - (Bu | siness Entity Nar | ne) |
| (88 | Sine 33 Entity Har | , |
| (D- | | |
| (00) | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300315404763

07/09/18--01024--031 **25.00

18 III -9 PM 1: 23

N COOPER

JUL 1 1 2018

COVER LETTER

| TO: | Registration Sc Division of Cor | | | |
|---------------|------------------------------------|--|---|--|
| SUBJE | | YOUR BED LLC | | |
| au par | · · | Name of Lim | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please r | eturn all correspe | ondence concerning this matter | to the following: | |
| | | KENNETH ROCKS | | |
| | | <u></u> | Name of Person | |
| | | | Firm/Company | |
| | | 241 HAMMOCK OAK CI | IRCLE | |
| | | • | Address | |
| | | DEBARY, FL 32713 | | |
| | | DALEVACCOUNTING@ | City/State and Zip Code GMAILCOM | |
| | | • | to be used for future annual report notifi | ication) |
| For furt | her information e | oncerning this matter, please ca | all: | |
| KENNI | ETH ROCKS | | 619 895-1162 | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclose | d is a check for t | 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**

| ROCKING YOUR BEDILLC | | | |
|---|---|---------------------------------------|--|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Eiability Company were filed on $\frac{05/25/2018}{\text{Plorida document number}}$ | | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | fity Company," the designation "LLC" or the ab | obreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 1250 S SPRING GARDEN AVE (SR15 | 1 | |
| (Principal office address MUST BE A STREET ADDRESS) | DELAND, FL 32720 | 18 S | |
| | | Sign Sign | |
| Enter new mailing address, if applicable: | 241 HAMMOCK OAK CIRCLE | 6-1 1885 1885 | |
| (Mailing address MAY BE A POST OFFICE BOX) | DEBARY, FL 32713 | | |
| | | 1: 23 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | the name of the new | |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent- | · | гір Соае | |

Thereby 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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|------------------------|----------------|
| MGR | KENNETH ROCKS | 241 HAMMOCK OAK CIRCLE | D Add |
| | | DEBARY FL 32713 | |
| | | · | ■ Change |
| | | | |
| | | | □ Remove |
| | | Change | |
| | | | 🖸 Add |
| | • | | □ Remove |
| | | | □ Change |
| | | | Add |
| | | □ Remove | |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |

| | | _ | 01 |
|--------|--|------------------------|---------------------|
| | | - 6 | VISI VISI VIE |
| | | - - - | (元) |
| | | <u>_</u> _ <u>o</u> _ | |
| | | <u> </u> | |
| | | - | |
| | | ယ | 至 |
| | | | |
| | | | |
| Note: | ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan II the date inserted in this block does not meet the applicable statutory filing requirements, this date will not tent's effective date on the Department of State's records. | t to 6053 be listed | 1207 (J d as th |
| | | | |
| the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed. | earliei | r ot: |
|) The | 90th day after the record is filed. 07/06/2018 | earliei | r of: |
|) The | 90th day after the record is filed. 07/06/2018 V | earliei | r of: |
|) The | 90th day after the record is filed. | earliei | rof: |

Page 3 of 3

Filing Fee: \$25.00