

7/13/22, 11:04 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

418000234220

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000238151 3)))



H220002381513ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARTNAS & ASSOCIATES INC.

Account Number : 120000000082

Phone : (305)871-0889

Fax Number : (305)870-9623

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2022 JUL 13 AM 11:43

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SLEEP LIFE CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 JUL 13 PM 4:14

RECEIVED
JUL 13 2022

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 14 2022

K. Brumblay

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLEEP LIFE CENTER, LLC

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:

YANELLE M BARINAS

Name of Person

BARINAS & ASSOCIATES, INC.

Firm/Company

5701 NW 36 ST

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

BARINASB@GMAIL.COM

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

For further information concerning this matter, please call:

YANELLE M BARINAS

305

871-0889

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 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

DocuSign Envelope ID: 7B8568C0-A1C4-4D30-853A-188896C31518

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLEEP LIFE CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/03/2018 and assigned
Florida document number L18000234220

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MELISSA WEAR

New Registered Office Address:

8485 BIRD ROAD, STE 305

Enter Florida street address

MIAMI

Florida 33155

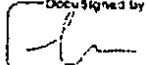
City

Zip Code

2022 JUL 13 PM 4:14

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.

DocuSigned by:


If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 7B8568C0-A1C4-4D30-853A-1B8896031516

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PRIME CAP EQUITY, LLC	2263 SW 37th ave Unit #333	<input type="checkbox"/> Add
		Miami, FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CORTEZ, MELISSA	39261 DONIGAN RD	<input type="checkbox"/> Add
		BROOKSHIRE, TX 77423	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MELISSA WEAR	39261 DONIGAN RD	<input checked="" type="checkbox"/> Add
		BROOKSHIRE, TX 77423	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DocuSign Envelope ID: 7B8568C0-A1C4-4D3D-853A-1B6898031516
17. If attaching any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00