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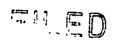
COVER LETTER

TO:

Registration Section - Division of Corporations

QUICK CHANGE BEDDING LLC SUBJECT: 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: Name of Person LAVERNE M WILLIAMS 2916 OAK TREE LANE LAKELAND, FL. 33810 Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



QUICK CHANGE BEDDING LLC

2019 MAY 20 AM 8: 28

	ON OUT WITCH BEDBITTO EEG		
(<u>Name of the Limited Li</u> (A Fi	ability Company as it now appea orida Limited Liability Company)	irs on our records.)	•
		25/22/2019	1
The Articles of Organization for this Limited Liabili	ty Company were filed on	05/02/2019	and assigned
Florida document numberL19000120224			
This amendment is submitted to amend the following	g:		
A TO US A A COLO			
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the o	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL			
in the speed of the second of			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	n —		
maning madess may br. AT 051 01 Fell box			
B. If amending the registered agent and/or registered agent and/or the new registered office:	0 1	n our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flo	orida street address	-
		, Florida	
-	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:		
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of d agent as provided for in G tered office address, I here	f my duties, and I am fo Chapter 605, F.S. Or, i	miliar with and f this document is
	If Changing Registered A	gent, Signature of New Reg	istered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:			d address of each person being added
MGR = M AMBR = A			
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Remove
			□ Change
			☐ Remove
			□ Change
			
			□ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
		-	☐ Change
			□ Remove
			□ Change

*****		·
WILLIAMS, It should	d be WILLIAMS. 5/13 I opened a bank account for this b	usiness and I have 15 day
to make the correction	or they will close the account. I need to make payment in t	he fastest way
possible, on line or by	phone. 888-902-1797. Laventureenter	perse egmail.com
		J
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ffective date, if other tha	n the date of filing:	(optional)
lote: If the date inserted in	this block does not meet the applicable statutory filing require Department of State's records.	
e record specifies a de The 90th day after th	layed effective date, but not an effective time, e record is filed.	at 12:01 a.m. on the earlier of
ated May 14	2019	
	Helemenhilum _	
	Signature of a member or authorized representative of a m	ember

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00