



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.

((H19000200804 3)))



H190002008043ABCY

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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

APPROVED
AND
FILED

2019 JUL -1 PM 12:14

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SLEEP MANAGEMENT SYTEMS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T GLASS

JUL 02 2019

Electronic Filing Menu

Corporate Filing Menu

Help

850-817-6381

7/1/2019 8:52:18 AM PAGE 1/001 Fax Server



July 1, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SLEEP MANAGEMENT SYTEMS, LLC
18456 LOST LAKE WAY
JUPITER, FL 33458

SUBJECT: SLEEP MANAGEMENT SYTEMS, LLC
REF: L19000156115

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Page 1 of 3 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: B19000200804
Letter Number: 919A00013231

APPROVED
AND
FILED

2019 JUL - 14 PM 12:14

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sleep Management Systems, 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 06/21/2019 and assigned Florida document number L19000156115.

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)

254 Edenberry Ave.

Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

254 Edenberry Ave.

Jupiter, FL 33458

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:

SCOTT DUFF

New Registered Office Address:

254 Edenberry Ave.

Enter Florida street address

Jupiter,

Florida 33458

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.



Jenisa Irizarry, Attorney-in-Fact

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DUFF, SCOTT	254 Edenberry Ave.	<input type="checkbox"/> Add
		Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DUFF, GEORGINA	254 Edenberry Ave.	<input type="checkbox"/> Add
		Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APPROVED
AND
FILED
19 JUN - 1 PM 14

2019 JUL -1 PM12:14

APPROVED
AND
FILED

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 28th 2019

Luise 3135

Jenisa Irizarry, Attorney-in-Fact

Typed or printed name of signee