

L200000 99151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

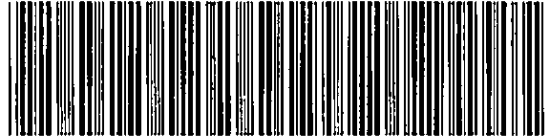
(Business Entity Name)

(Document Number)

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20 APR 16 PM 1:24

*Amend/Name Change*

MAY 01 2020

D CUSHING

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Emerald Coast Sleep Diagnostics 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:

Amber McKenzie  
Name of Person

Firm/Company

620 McKenzie Ave  
Address

Panama City, FL 32401  
City/State and Zip Code

amcken0000@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber McKenzie at (850) 866-9990  
Name of Person Area Code Daytime Telephone Number

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DIVISION  
20 APR 16 PM 1:26

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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
20 APR 16 PM 1:24  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

Emerald Coast Sleep Diagnostics 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 4/08/2020 and assigned Florida document number L20000099151.

This amendment is submitted to amend the following:

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

Amber McKenzie LLC

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:

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Fred A. McLeod	620 McKenzie Ave	<input type="checkbox"/> Add
		Panama City, FL 32401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Moore	620 McKenzie Ave	<input type="checkbox"/> Add
		Panama City, FL 32401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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