## 120000276384

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## **COVER LETTER**

Division of Co			ı		
ZENECA SUBJECT:	HOLDINGS LLC	, ,			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jenny Countz				
	<u> </u>	Name of Person			
	ZenBusiness Inc				
		Firm/Company			
	5511 Parkerest Dr., Suite 1	03			
	<del></del>	Address			
	Austin, TX 78731				
		City/State and Zip Code			
	fulfillment@zenbusiness.co				
		to be used for future annual report notification	n)		
For further information of	concerning this matter, please ca	nll:		202 SS	
Jenny Countz		844 493-6249		2021 KOT SECKLIK	آل
Name c	n' Person	at () Area Code ——Daytime Tele	phone Number		. * **********************************
Enclosed is a check for t	he following amount:				: : در د لسد
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee. $\sum$	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

ZENECA HOLDINGS 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 99/04/2020 and assigned Florida document number L20000276384

This amendment is submitted to amend the following:

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

Florida document number 120000270364				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
SLEEPOVR LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbrevi	ation "I	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 of registered agent and/or the new registered office address here		enter the	name	of the nev
		=15.1	202	
Name of New Registered Agent:	<u> </u>	<u> </u>		- 7-7
New Registered Office Address:		,	5.5	1 11 1:48
	Enter Florida street address	100 Ed St		1 ‡ 3
	, Flori	da Tie	:3E	الم

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.

City

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Add
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