

L20000284072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

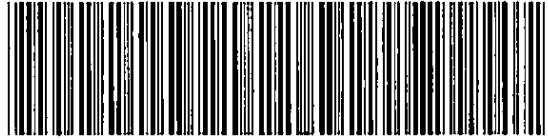
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/23--01001--019 **25.00

FILED
2023 MAY 19 PM 3:58
CLERK OF DISTRICT COURT
STATE OF FLORIDA

RECEIVED
2023 MAY 19 PM 2:38
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NUMBER 1 MATTRESS 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:

ZAKI ALSURADY

Name of Person

NUMBER 1 MATTRESS LLC

Firm/Company

1290 E NORMANDY BLVD STE 4

Address

DELTONA, FLORIDA 32725

City/State and Zip Code

Zaki1948@hotmail.com

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

For further information concerning this matter, please call:

ZAKI ALSURADI

407 744-5356

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 Address:

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

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2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2023

ZAKI ALSURADY
1290 E NORMANDY BLVD
STE 4
DELTONA, FL 32725

SUBJECT: NUMBER 1 MATTRESS LLC
Ref. Number: L20000284072

We have received your document for NUMBER 1 MATTRESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 723A00011651

RECEIVED
2023 JUN - 1 PM 3:47
ALLAHASSEE, FLORIDA

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

FILED
2025 JUN -1 PM 3:58

NUMBER 1 MATTRESS LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/11/2020 and assigned
Florida document number L20000284072.

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: RAPID TAX SOLUTIONS AND MORE CORP

New Registered Office Address: 2820 MICHIGAN AVE STE A
Enter Florida street address

KISSIMMEE Florida 34744
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.

Zaki A. Algoradi

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>
AMBR	RAMON A MERCEDES	1845 WILLOW OAK DR	<input type="checkbox"/> Add
		EDGEWATER, FLORIDA 32141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZAKI A ALSURADI	2615 N ORANGE BLOSSOM TRAIL	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34744	<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
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			<input type="checkbox"/> Change

2023
JAN 11 AM 3
CLERK OF STATE
TALLAHASSEE FL

2023-11-1 PM 3:58
FLORIDA STATE
UNIVERSITY

U

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Zaki A. Alsayoudi
Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00