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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

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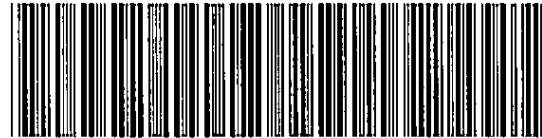
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sleep Clean Pools, 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:

Caleb Downs  
Name of Person

Firm/Company

621 SW 10<sup>th</sup> ST  
Address

FT Lauderdale FL 33315  
City/State and Zip Code

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

For further information concerning this matter, please call:

Amber Black at (561) 491-9790  
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

Sleep Clean Pools, LLC

The Articles of Organization for this Limited Liability Company were filed on 11/1/20 and assigned Florida document number L2000003473.21

Blessed by the Best, LLC

**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**

[illegible]

[illegible]

**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 4-30 21

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**