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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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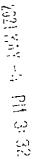
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COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT:	Sleep Cte	an Pools, L ed Liability Company	LC .
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspor	idence concerning this matter to	the following:	
	Cal	Name of Person	5
	(,21	Firm/Company	5 T
		SW 10 th	
		City/State and Zip Code	
For further information co	n-man address: (to oncerning this matter, please cal		ore numeration)
Amber Name of	- Block Person	at (501) 4	91-9790 Daytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	L) \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is caclosed)

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

Sleep Clear Pools, LLC	
(<u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Blessed by the Best, LC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation "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, <u>enter the nam agent and/or the new registered office address here</u> :	e of the new register
Name of New Registered Agent:	
New Registered Office Address:	· • • • • • • • • • • • • • • • • • • •
Enter Florida street address	Fig.
Florida City	Zip Code _O
New Registered Agent's Signature, if changing Registered Agent:	zap Codes

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 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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			Remove
			□Remove
			⊑Change
			□Remove
			□Change
			
			□Remove
			⊡Change
			<u>C</u> Add
			Remove
			Change

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<u>ote:</u> If the da	, if other than the da e is listed, the date must be te inserted in this block ective date on the Depa	does not me	et the applica	able statutor	ng or more than y filing requir	(options) 00 days after filicements, this da	il) ng.) Pursuant to 60 nte will not be lis)5,0207 (sted as t
is filed.	es a delayed effective da					arlier of: (b)	The 90th day aft	er the
ned	<u>4-30</u>	·	21					
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Filing Fee: \$25.00