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(Re	equestor's Name)	
(Ad	ldress)	
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(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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CORPORATE ACCESS, ___

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
	РНОТОСОРУ		
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ζ.	FILING	LLC AMEND	
	MW CLEED COMPAN	N. II.C	
-(0	MY SLEEP COMPAN CORPORATE NAME AND DOCUME	MENT #)	-
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	CORPORATE NAME AND DOCU	MENI#)	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY SLEEP COMPANY, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability C	ompany were filed on 10/21/2021	and assigned
Florida document number L21000458314	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		= 7
(Principal office address MUST BE A STREET ADDR	PESS)	3
		SSO E M
		مِ الله
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	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 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>	Address	Type of Action
AMBR	MARWAN SALEM	10526 EMERALD CHASE DR	□Add
		ORLANDO, FL 32836	■Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
		 	□ Change
			□Add
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ecord s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t L
М	IARCH 29 2022
ated	
	X Signature of a member or authorized representative of a member
	MARWAN SALEM