L2100052843

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO:

TO: Registration Sc Division of Cor			•
SUBJECT:	Kayla Pere	2 DDS LLC	<u>, </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Mariceli	Segay r a	
	JPR A	ccounting Firm/Company	LLC
	2751 Ente	exprise Rd S	Str 209
	Orange Ci	HIFL 36 City/State and Zip Code	2763
	•	y la perez e in ovas d be used for future annual report noti	- 1
Kayla Name o	oncerning this matter, please ca OCC Person	at (321) 36 le	-9377 e Telephone Number
Enclosed is a check for th	ne following amount:		
X\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAYLA PEREZ DDS, LLC				
(<u>Name of the Lim</u>	ited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited I Florida document number <u>L21000528433</u>	Liability Company were filed on 12-15-20	221 and assigned		
This amendment is submitted to amend the fol	flowing:			
A. If amending name, enter the new name	of the limited liability company here:			
SLEEP INOVATION, LUC				
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE				
in the space again, and be notice	LT TIDDRESKY			
		•		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	= = = = = = = = = = = = = = = = = = =			
		202 S S		
	-	50 8 71		
B. If amending the registered agent and/or	registered office address on our record	is, enter the name of the new registerer		
agent and/or the new registered office addr		224		
Name of New Registered Agent:	JPR ACCOUNTING LLC			
New Registered Office Address:	2751 ENTERPRISE ROAD STE 209	27 REE		
	Enter Florida street address			
	ORANGE CITY	, Florida ³²⁷⁶³		
	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 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the laneffective date is listed, the date some of the lane free free free free free free free fr	nust be specific and ca block does not me	annot be prior to det the applicable	ate of filing or more e statutory filing re	(option than 90 days after fil quirements, this d	ing.) Pursuant to 605	.0207 cd as
record specifies a delayed effect is filed.	tive date, but not a	n effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	r the
ated NOVEMBER 3		2022				
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Pated	9	huito.	d representative of a			

Filing Fee: \$25.00