L24000134297

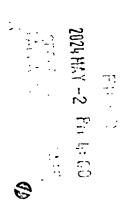
(Re	questor's Name)	
— (Ad	dress)	
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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05/02/24--01044--002 **25.00



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
Might Matt	tress South Florida, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheryl Stone		
		Name of Person	
	Mighty Mattress		
		Firm/Company	
	5695 SE Matousek St		
		Address	
	Stuart FL 34997		
		City/State and Zip Code	
	cher.globalsleep@gmail.com	m to be used for future annual report not	(floation)
For further information of	concerning this matter, please co		Meanony
Cheryl Stone		772 678-1874	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address: Registration Se	ection.
Registration Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Might Mattress South Florida, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
ne Articles of Organization for this Limited Liability Company were file	ed on 3/18/2024 and assigned
orida document number L24000134297	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability com	pany here:
ighty Mattress South Florida, LLC	
e new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
Thichas office asserts of tool BETT OF REET TAX DECOM	024 M.s.
	image in the in the
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	
	· ·
	
. If amending the registered agent and/or registered office address of	on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Traine of the regional a right.	
New Registered Office Address:	E. Chil
	Enter Florida street address
	Florida
Civ	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:

or remov	noved from our records:	
MGR =	= Manager	
AMBR =	R = Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	 -		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□Add
			□Remove
			□Change

Plea	se add a "Y" to Might Mattress it is currently listed as Might Mattress and was a typo.
Mig	hty Mattress South Florida, LLC should be the name of the company.
_	
effecti te: If	date, if other than the date of filing:
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
4/! ted	7/2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00