

14-Jun-2024 18:18 To: +18506176383

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# Florida Department of State

Fax Number : (850)617-6383

Division of Corporations  
Electronic Filing Cover Sheet

**L24000208535**

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BRICK BUSINESS LAW, P.A.  
Account Number : I20230000178  
Phone : (813)816-1816  
Fax Number : (813)692-1982

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: danielle.peynado@brickbusinesslaw.com

24 JUN 16 PM 2:55  
DEPT. OF STATE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EFFORTLESS SLEEP DIAGNOSTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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M. SOLOMON  
JUN 14 2024

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Fax Number : (850)617-6383

14-Jun-2024 18:19 To: +18506176383

From: +18135442006 p.2

Fax Number : (850)617-6383

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EFFORTLESS SLEEP DIAGNOSTICS, 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:

DANIELLE PEYNADO

Name of Person

BRICK BUSINESS LAW, P.A.

Firm/Company

3413 W FLETCHER AVE

Address

TAMPA, FL 33618

City/State and Zip Code

DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM

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

For further information concerning this matter, please call:

DANIELLE PEYNADO

at ( 813 ) 813-1816

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

Fax Number : (850)617-6383

24 JUN 16 PM 2:55

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**EFFORTLESS SLEEP DIAGNOSTICS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/03/2024 and assigned  
Florida document number L24000159323

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

Enter Florida street address

City, Florida 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 added or removed from our records: Fax Number : (850)617-6383

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DR. SCOTT PETERSON,	3442 MARSH LANE	<input type="checkbox"/> Add
		GRAPEVINE, TX 76051	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Fax Number : (850)617-6383

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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1994  
1942  
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SECRET

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 13/06/24, 2024

A

Dave Mann (Jun 13, 2024 15:35 EDT)

Signature of a member or authorized representative of a member

DAVID MANN - MANAGER

Typed or printed name of signee

**Filing Fee: \$25.00**