M2300010280

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Onficiale) Zight Home inj
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
[
Special Instructions to Filing Officer:

Office Use Only



700415121157

09/08/23--01028--007 **25.00

10233 -8 PT 4:27

COVER LETTER

		COVERLETTER				
TO: Registration S Division of Co						
	nsive Sleep Solutions, L.L.C.					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Margaret Norcross					
		Name of Person				
	Comprehensive Sleep Solu	utions, L.L.C.				
		Firm/Company				
	19387 US 19 North					
	Address					
	Clearwater, FL 33764					
		City/State and Zip Code				
	mnorcros@lincare.com	to be used for future annual report notif	loutium)			
Conformation to Comments			(Carlone)			
For further information of	concerning this matter, please c	anc				
Margaret Norcross		727 5307700 at ()				
Name o	of Person	Area Code Daytime	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 radditional copy is enclosed:			
Mailing Addre		Street Address:	etion.			
Registration Division of C		Registration Sec				

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Comprehensive Sleep Solutions, L.L.C.	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number M23000010280	vere filed on 8/3/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	G
Enter new mailing address, if applicable:	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	- II: 27.7
	<u> </u>
3. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida

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
MGR	Crispin Teufel	19387 US 19 North	🗆 Add
		Clearwater, FL 33764	■Remove
			□Change
MGR	Jeffrey Barnhard	19387 US 19 North	■Add
		Clearwater, FL 33764	□ Remove
			□Change
			☐ Add
			□Remove
			Change
			DAdd
			□ Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change

_					*******	
_						
_						<u>-</u>
_						
_						
_						
						2023
-						70.
-						=
-						
-						
						27
_						_
-			<u>.</u>			
_						
-						
Frat	ive date if other than t	ho dato of fili	n.c.		(on	ional
an eff	fective date is listed, the date i	nust be specific a	nd cannot be pric	r to date of filing or	more than 90 days after	cional) er tiling.) Pursuant to 605.020
<u>lote:</u> ocum	If the date inserted in this ient's effective date on the	block does not Department of	meet the appli State's record:	cable statutory fi 3.	ing requirements, th	is date will not be listed a
		·				
		tive date, but n	ot an effective	time, at 12:01 a.r.	n, on the earlier of: (b) The 90th day after the
i is tī	led.		\sim			_
	9/6		20.12			
ated	9/6		dDd3_	\		
				- 1		

Typed or printed name of signee