## L500103781

(Re	equestor's Name)	
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JUL 01 2015 S. YOUNG

## COVER LETTER.

TO:	Registration Se Division of Cor	ction porations			
CHID	Balance and	Peace Massage Therapy, LLC	:		
sio ne	JEC1	Name of Limi	ted Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are subr	mitted for filing.		
Please	e return all correspo	ndence concerning this matter t	to the following:		
		Rianne I. Chavez-Hansen			
		- <del></del> -	Name of Person		
		Balance and Peace Massage	e Therapy, LLC		
			Firm/Company		, <b>!</b>
		1043 Jenks Avenue			<u> </u>
			Address	ARTEST AND	S E
		Panama City, FL 32401		TD C.2	
			City/State and Zip Code		
		massage@balanceandpeace.			ာ က
		E-mail address: (t	o be used for future annual report notif	ication)	
For fi	urther information co	oncerning this matter, please ca	ıll:		
Riann	ne I. Chavez-Hanser	n	850 867-3795 at ()		
	Name o	f Person		: Telephone Number	
Enclo	sed is a check for th	ne 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 State Certified Copy	

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Balance and Peace Massage Therapy, LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	ed on 1 July 2015 and assigned
Florida document number L15000103781	
Γhis amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
Balance and Peace, LLC	Fig <b>J</b>
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(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 ad	dress on our records, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	Zip Code

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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the date of filing:	(optional)
	be prior to date of filing or more than 90 days after filing.) Pursuant to 605 applicable statutory filing requirements, this date will not be listed
iment's effective date on the Department of State's r	
ecord specifies a delayed effective date, b	out not an effective time, at 12:01 a.m. on the earlie
ne 90th day after the record is filed.	
d 21 June , 2015	
	1
Diana O ( Marila - 11	10000
Rearne D. Chowd - y Signature of a meriber	or authorized representative of a member

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Filing Fee: \$25.00