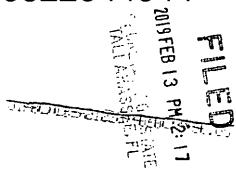
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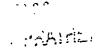
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COVER LETTER

SUBJECT:	Balnced Health Complementary Medicine LLC			
Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Linda S. Greenfield		
			Name of Person	
		9155 SW 124 Street	Firm/Company	
		Miami, FL 33176	Address	
		Linda@LindaGreenfield.cor		
For further is	nformation co	n-mail address: (to oncerning this matter, please ca	o be used for future annual report notification.	cation)
Linda S. Gre	enfield		305 519-9711 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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

TO:

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**

닏

Balanced Health Complementary Med	licine LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	00
The Articles of Organization for this Limited Liab Florida document number 1.07000050624	oility Company were filed on May 11, 2007	and assigned C
This amendment is submitted to amend the follow	ing:	平高二
A. If amending name, enter the new name of the	he limited liability company here:	·
Linda Greenfield LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Reg	eistered 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		· 	
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
•			Remove
			Add
			Remove
			☐ Change
			Remove
			□ Chance

. If amending any other inform	nation, enter change(s) here: (Attach additional shee	ets, if necessary.)
		
		
Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 9 block does not meet the applicable statutory filing requires	(optional) 0 days after filing.) Pursuant to 605.0207 (3)() ments, this date will not be listed as the
he record specifies a delay The 90th day after the r	red effective date, but not an effective time, at ecord is filed.	12:01 a.m. on the earlier of:
Dated	2019	
Linda S.	Signature of a member or authorized representative of a mem	
Linda S. Greenfield		A C T
	Typed or printed name of signee	ASSEE THE
	Page 3 of 3	12:17 E.F.

Filing Fee: \$25.00