

LO800005922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

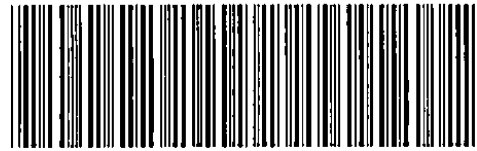
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6003351194

09/30/19--01002--001

SEP 30 2019

S. YOUNG
S. YOUNG

SEP 30 2019
CLASSIFIED BY 6003351194

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Balanced Books of North Florida, 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:

Cathy E. Wool
Name of Person

Firm/Company

3205 Adwood Road
Address

Tallahassee, FL 32312
City/State and Zip Code

cathy@balancedbooks.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Wool at (850) 228-8125
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
TO
ARTICLES OF ORGANIZATION
OF

Balanced Books of North Florida, 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 06/17/08 and
Florida document number L08000059228.

This amendment is submitted to amend the following:

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

Balanced Books, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

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 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

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 accept the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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 in meetings, add
or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Typ</u>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
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		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C

Filing Fee: \$25.00