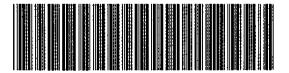
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T. CLINE
FEB. - 1 2012
EXAMINER

COVER LETTER

TO:	Registration Section
,	Division of Corporation

SUBJECT:	THE BALAN	CING ACT TV, LLO	<u>C </u>		
	Name of Limi	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	P/	ATRICIA KLEIN, ESQ	!.		
		Name of Person			
	P	PATRICIA KLEIN, P.A.			
Firm/Company					
	2001 W.	SAMPLE ROAD, SUI	TE 412		
		Address			
	РОМІ	PANO BEACH, FL 33	064		
	City/State and Zip Code patriciak@pkleinlaw.com E-mail address: (to be used for future annual report notification)			£., 2	
For further information cor	ocerning this matter, please c	•	At ionication,	JAN 31	THE SAME OF
PATRICI	A KLEIN, ESQ.	at (_954_)	935-3171		Parties of the second
Name of F	Person		Daytime Telephone Number	ACHAU TATE	Section was
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	te of Status &	sed)

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 TO ARTICLES OF ORGANIZATION OF

THE BALANCING ACT TV, I	_LC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	04/21/2009	and assigned
Florida document numberL08000094121		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	ere:	
The new name must be distinguishable and end with the words "Limited Liability Comp" L.L.C."	pany," the designation "Ll	_C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		79 70 E
Enter new mailing address, if applicable:		53 W 77
Mailing address MAY BE A POST OFFICE BOX)	į.	
·	r	

B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter th	e name of the new
egistered agent and or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
E	nter Florida street addr	ess

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> Address Type of Action MGRM GERALD M. CZARNECKI 2001 W. SAMPLE ROAD ☐ Add SUITE 101 **∇** Remove POMPANO BEACH, FL 33064 MARK ALFIERI MGRM 2001 W. SAMPLE ROAD √ Add SUITE 101 ☐ Remove POMPANO BEACH, FL 33064 ☐ Add Remove Add Remove in ≥ SabA _10 J>-D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member of authorized representative of a member PATRICIA KLEIN, ESQ. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00