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PICK-UP WAIT MAIL
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

subject: <u>ADA</u> /	1 C. DUDL Name of Lim	EY ASSOC ited Liability Company	IATES, LLC	
The enclosed Articles of Amo	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	MARK V	VOODLOCK, E Name of Person	SQ	
-		Firm/Company		•
		Address		
_	MARKG WOO	City/State and Zip Code	COM	50 - 1 24
For further information conce			sport monited and the	50 12 15 05 50 12 15 10 15 15 15 15 15 15 15 15 15 15 15 15 15
MAPK WOOD Name of Per	LOCK, ESP	at (<u>407</u>) <u>4</u> Area Code	09 - 5305 Daytime Telephone Number	I 9 FI 2: 27
Enclosed is a check for the fo	•			<u> </u>
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S	Status &
Mailing Address: Registration Sect Division of Corp		•	dress: tion Section of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



M. C. DUDLEY ASSOCIATES, L. (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 <u>04/15/2013</u> and assigned Florida document number <u>L 1300 00 5 4 8 50</u> This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: BALANCED SERVICES, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: rlorida street address

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.

City

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:

	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
······································			□Add
			□Remove
		n/A	□Change
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Note:	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and campot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated .	03-12-2020
	Signature of a member or authorized representative of a member
	\mathcal{G}
	ADAM DUDLEY MGR Typed or printed name of signee