

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP

Account Number : I20060000021 : (561)833-9800 Phone : (561)655-5551 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

/ Email Address:

John, Turner@Saul.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOUTHFUL BALANCE MEDICAL CENTER, LLC

Certificate of Status	0
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Electronic Filing Menu

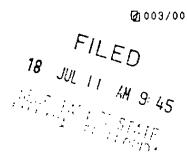
Corporate Filing Menu

Help

COVER LETTER

TO: Registration Division of C	Section Corporations			
	IFUL BALANCE MEDICAL CE	nter, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
	spondence concerning this matter			
	John A. Turner		_	
		Name of Person		
	Saul Ewing Amstein & Lo	chr LLP		
		Firm/Company		
	515 N. Flagler Drive, Suit	e 1400		<u>.</u>
		Address		
	West Palm Beach, FL 334	401		
		City/State and Zip C	lode	
	John.Turner@Saul.com	(to be used for future an		
For further information	E-mail address: (nual report near	Castony
John A. Turner		561 at (833-9800	
Na:	me of Person	Area Code	Daytime	Telephone Number
Enclosed is a check f	or the following amount:			
\$25.00 Filing Fee	Certificate of Status	S55.00 Filing Certified Cop	У	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl see)
Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Reg Divi Clift 266	LEET/COURIE istration Section sion of Corpora ton Building I Executive Cor ahassee, FL 323	ations nter Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



YOUTHFUL BALANCE MEDICA	L CENTER, LLC	
(Name of the Limit	A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Life lorida document number L13000110265		
This amendment is submitted to amend the follo	owing:	•
A. If amending name, enter the new name of	the limited liability company he	<u>ny</u> ;
The new name must be distinguishable and contain the w Enter new principal offices address, if applic (Principal office address MUST BE A STREE	able:	lesignation "LLC" or the appreviation LLC"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		enter the nume of the ne
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address o iffice address here:	n our recover, giver the hand or a
Name of New Registered Agent:	Jennifer Maria Custro	
New Registered Office Address:	10887 North Military Trail, Suit Enter F!	c 7 orida street address
	Palm Beach Gardens	, Florids 33410
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered ugent 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 familia: 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 Highstered 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 of removed from our records:

MGR = Menager AMBR = Authorized Member

<u> </u>	Name	Address	Type of Action
MGR	Jennifer L. Nicholson	10887 North Military Trail, Suite 7	
		Polm Beach Gardens, FI. 33410	
			[] (Thange
MGR	Jennifer Maria Castro	10887 North Military Twil, Suite 7	Add
_	_	Palm Beach Gardens, Ft. 33410	□ Remove
			Change
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ffective date, if other than the date of filing:	of he prior to date of the applicable states trecords.	filling or more than 90 actory filling requirer	(optional) days after filing.) Pu nents, this date wil	rsuam a 605.03 I not be listed
e record specifies a delayed effective date The 90th day after the record is filed.	but not an el	ffective time, at	12:01 a.m. on	the earlier
Dated July 11 2	11K	<i>^</i>		
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Filing Fee: \$25.00