

L14000166301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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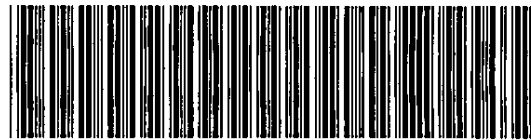
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Life IN Balance Therapeutic Healing, 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:

SARAH E. VACCARO  
Name of Person

Life IN Balance Therapeutic Healing, LLC  
Firm/Company

7145 AIA S Unit 33  
Address

ST. AUGUSTINE FL 32080  
City/State and Zip Code

info @lifeinbalance LLC.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH E. VACCARO at 904 864-6077  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Life In Balance Therapeutic Healing, 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 10-24-2014 and assigned  
Florida document number L14000166301

This amendment is submitted to amend the following:

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

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

7145 AIA S UNIT 33  
ST. AUGUSTINE FL 32080

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7145 AIA S UNIT 33  
ST. AUGUSTINE FL 32080

**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:

7145 AIA S UNIT 33  
Enter Florida street address

ST. AUGUSTINE, Florida 32080  
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 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, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10-15-2010 BY 60322  
UCBAW/STP/HQ/ML

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-19-2010 BY 60322  
UCBAW

SEP - 8 PM 2

**E. Effective date, if other than the date of filing:** 9-5-16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If the record 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 record is filed.

Dated 9 (September) 05<sup>th</sup>, 2016

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

SARAH E. VACCARO

Typed or printed name of signee