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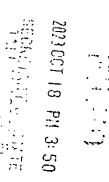
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filina Officer	
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COVER LETTER

TO: , Registration So Division of Go			. :	
	Accounting, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jennifer Fletcher			
		Name of Person		
	In Balance Accounting, Li	LC		2023 OCT 18 PH 3: 50
		Firm Company	•	- TE 00
	36108 Carriage Pine Ct			THE CO
		Address		- 50
	Zephyrhills, FL 33541			1.,
• •	in interters were to come	City/State and Zip Code		_
	. jen.inbalanceaceting@gma	n.com to be used for future annual report no	(theation)	
For further information of	concerning this matter, please c	all:		
Jennifer Fletcher		813 309-0160		
Name o	of Person	at () Area Code Dayta	me Telephone Numb	er
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addre Registration Division of C	Section Corporations	Street Address: Registration S Division of Co	orporations	
P.O. Box 633 Tallahassee,		The Centre of 2415 N. Monr Tallahassee, F	oe Street, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 assigned
assigned
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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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard S Grych	1510 1st Ave W, Apt 505	□Add
		Bradenton, FL 34205	Remove
		-	□Change
			\sum_Add
			[]Remove
			2073 OCT ☐ ☐Add ☐
			OR TO THE PROPERTY OF THE PROP
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******			□Add
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ffective date, if other than than effective date is listed, the date is	ie date of filing:	of be prior to date	of filing or more than	optional) Odays after filing	A Pursuant to 605.02€
iote: If the date inserted in this ocument's effective date on the	block does not meet t	he applicable s			
		. 100//100			
record specifies a delayed effect	ive date, but not an el	ffective time, at	12:01 a.m. on the e	arlier of: (b) Th	ne 90th day after the
l is filed.					
October 13	20	23			
		latella	2		
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Typed or printed name of signee