

L150000 394 SC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11:37:15  
15 MAY 11 AM 7:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BALANCING SCULPTURES 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 3/4/2015 and assigned  
Florida document number L15000039450.

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)**

**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:**

Enter Florida street address

City, **Florida** Zip Code

15 MAY 11 AM 7:07  
CLERK OF COURT  
ALTAIR/ST. JAMES  
FLORIDA

**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>                      |
|--------------|-----------------|-----------------|--|
| Mgr          | Kedziora, Jerzy | 6783 SW 104 St. | <input type="checkbox"/> Add               |
|              |                 | Miami, FL 33156 | <input checked="" type="checkbox"/> Remove |
|              |                 |                 | <input type="checkbox"/> Change            |
|              |                 |                 | <input type="checkbox"/> Add               |
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**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.

Dated May 4, 2015

Signature of a member or authorized representative of a member

## Rey Stanislaw

Typed or printed name of signee

**Filing Fee: \$25.00**