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(Requestor's Name)			
(Address)			
_ (Ad	idress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	Certificates	of Status	
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Special Instructions to	Special Instructions to Filing Officer:		
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• COVER LETTER

Division o	on Section f Corporations			
	TECHNOLOGY SCOOTERS LLC			
Name of Limited Liability Company				
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.			
Please return all cor	respondence concerning this matter to the following:			
	Matthew J. Militzok			
	Name of Person			
	Militzok & Levy, P.A.			
	Firm/Company			
	3230 Stirling Road			
	Address			
	Hollywood, FL 33021			
	City/State and Zip Code			
	mjm@mllawfl.com E-mail address: (to be used for future annual report notification)			
For further informat	tion concerning this matter, please call:			
Matthew J. Militzo	ot (
N:	ame of Person Area Code Daytime Telephone Number			
Enclosed is a check	for the following amount:			
□ \$25.00 Filing Fe	ee \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

FILED:
2015 AUG -6 AN II: 52
SHORE FARY OF STALL
FALLAHASSEE, FLORIDA

UNO TECHNOLOGY SCOOTERS 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 Co	ompany were filed on July 21, 2015	and assigned
Florida document number L15000124837	_ :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
SHARP BALANCE LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office address.		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
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			□ Remove
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E. Effective date, if other than th	e date of filing: st be specific and cannot be prior to date of filing or more the	(optional)
Note: If the date inserted in this I document's effective date on the	lock does not meet the applicable statutory filing req	juirements, this date will not be listed as the
if the record specifies a delayers). The 90th day after the re	d effective date, but not an effective time cord is filed.	e, at 12:01 a.m. on the earlier of:
Dated July 30	2015	
(me	Signature of a member or authorized representative of a	member
Limor Maman		
	Typed or printed name of signee	The state of the s

Page 3 of 3

Filing Fee: \$25.00