## RECORDER

(Re	equestor's Name)
(Ad	idress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2024

ROBERT ARMSTEAD 5764 N ORANGE BLOSSOM TRL PMB 92269 ORLANDO, FL 32810

SUBJECT: BALANCED PARADIGM, LLC Ref. Number: L15000202090

We have received your document for BALANCED PARADIGM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 924A00003965

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## **COVER LETTER**

TO: Registration Section Division of Corporations

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SUBJECT:	BA	LANCED	PARADIGM
_		Name of Limited Liabibity C	ompany

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Armstead
<u>Balanced Paradigm</u>
5764 N Orange Blossom Tri PMB 92269
Orlando, FL 32810 City State and Zip Code
<u>armsteadrik Qgmail.com</u> E-mail address, ito be used for figure annual report portication

For further information concerning this matter, please call:

at (<u>850</u>, <u>496-9157</u> Area Code Daytime Telephone Number Rachel Armstead

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Previously submitted \$35 S30.00 Filing Fee & Certificate of Status  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed? . .

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<u>Mailing Address</u>: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLĖS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON ANCED PARADICIA

OFILMUET I M	
( <u>Nanic of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15060202090</u> . This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u>	
The new name must be distinguishable and contain the words "I inited I table Enter new principal offices address, if applicable:	lity Company," the designation "1.1.C" or the abbreviation "1.4. C."
(Principal office address MUST BE A STREET ADDRESS)	
<u> </u>	
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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

		•	· -
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Flor	rida Zup Code	່ <u>ບ</u>

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</u> <u>or removed from our records</u>:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Rachel Armstead	843 CR 1087	( <b>1</b> ):Add
		<u>Defuniak Springs</u> , FL	LIRemove
		32433	(7)Change
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D.	If amending any other information.	enter change(s) here:	(Attach additional sheet	s, if necessary.)
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we date, if other than the date of filing: $2/1/2024$ (optional)

E. Effective date, if other than the date of filing: <u>21112027</u> (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 (30b) <u>Note:</u> 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	hermany 2024
	OII (A)
	Signature dea member of authorized representative of a member
	R larch 1 constrad
	Robert Arnstead

Filing Fee: \$25.00