L16000112136

(Req	uestor's Name)	
(Add	ress)	
(Add)	ress)	
(/ tod	.000)	
		·
(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
(500)	ament Hamber,	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
·		

Office Use Only

300397480713

2/15/23

VIN 12:105/22--01030--004 ++25.00

2022 DEC -5 AM 8: 18

COVER LETTER

Division of Corporations			
SUBJECT: B	ACK, IN BALAN	NCE BODY WORK	UC
	Náme of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DERRIC	K BRANTLEY Name of Person	
	ENSOR	WINCE BOOTWAK Firm/Company	
		MILTON AVENU	IE
	ORANGE	CITY FL 3276 City/State and Zip Code	43
	derrick 6 E-mail address:	to be used for future annual report noti	fication)
For further information co	ncerning this matter, please e	all:	
DERRICK Name of	BRANTLEY Person	at (<u>40 7</u>) <u>80/-8</u> Area Code Daytim	50 Z e Telephone Number
Enclosed is a check for the	e following amount:		
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACK IN BALANCE (Name of the Limited Liability Com (A Florida Limited	BODY WOLK (pany as it now appears of triability Company)	n our records.)
The Articles of Organization for this Limited Liability Compan		INE 9 10/16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
ENBA LANCE The new name must be distinguishable and contain the words "Limited Liah	BODYWORK	160
Enter new principal offices address, if applicable:	bility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 2022 DEC -5 AH 8: 18 SIGNEY OF STATE FAIL MASSES FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	1,1
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	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>	Address	Type of Action
			□Add
			□Remove
		□Change	
			□Remove
			Change
			□Remove
			□Change
		□Add	
		□Remove	
			□Change
		□Remove	
			□ Change
			
		□Remove	
			□Change

	
_	
_	
_	
_	
_	
Note: If	e date, if other than the date of filing:
he record : ord is filed	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 l.
Dated _	NOVEMBER 78. 2022
	NOVERSER 78. 2022. Yu W W Signature of a member or authorized representative of a member

Filing Fee: \$25.00