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Division of Corporations  
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Division of Corporations  
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Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PERFECT BALANCE HEALTHCARE, PLLC**

Certificate of Status	0
Certified Copy	1
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WORKER

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** PERFECT BALANCE HEALTHCARE, PLLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

perfectbalancehealthcare@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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:**

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

PERFECT BALANCE HEALTHCARE, PLLC

(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 03/17/2017 and assigned  
Florida document number L17000062384.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

1293 N University Dr. #153

(Principal office address MUST BE A STREET ADDRESS)

Coral Springs, FL 33071

Enter new mailing address, if applicable:

1293 N University Dr. #153

(Mailing address MAY BE A POST OFFICE BOX)

Coral Springs, FL 33071

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

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Shivanne Bhagwandeem	8000 Hampton Blvd. Apt. 214	<input type="checkbox"/> Add
		North Lauderdale, FL 33068	<input checked="" type="checkbox"/> Remove
AMBR	Nandita Koodie	8000 Hampton Blvd. Apt. 214	<input type="checkbox"/> Add
		North Lauderdale, FL 33068	<input checked="" type="checkbox"/> Remove
AMBR	Nandita Koodie	1293 N University Dr #153	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

(Date) May 29th , 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Nandita Koodie

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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