

117000237094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

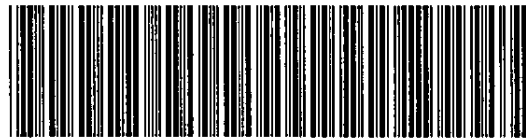
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 MAR 21 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAR 22 2018

Jennifer Cintron
Balanced Body Acupuncture, LLC
614 E Hwy 50, #132
Clermont, FL 34711

Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

March 19, 2018

Re: Addendum to Balanced Body Acupuncture, LLC

I am writing this letter to serve as addendum/changes to Balanced Body Acupuncture, LLC. I've attached supporting documentation as requested, including copies of the original documentation that was submitted but then returned to me, indicating errors. Upon processing this request, there should be a \$25 credit to my account from my previous request which was returned. I can be contacted at 352-272-1686 with any questions regarding this change. Thank you in advance to attention to this matter.

Respectfully,



Jennifer Cintron

Enclosures

RECEIVED
2018 MAR 21 AM 8:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Balanced Body Acupuncture, LLC

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:

Jennifer Cintron

Name of Person

Balanced Body Acupuncture, LLC

Firm/Company

614 E Hwy 50, Suite 132

Address

Clermont, FL 34711

City/State and Zip Code

Jenn2040@gmail.com

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

For further information concerning this matter, please call:

Jennifer Cintron

352 272-1686

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)

*Should be on file in your records.
\$25 check -*

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**

Balanced Body Acupuncture, 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 11/16/2017 and assigned
Florida document number L17000237094

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

614 E Hwy 50, Suite # 132

Clermont, FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

614 E Hwy 50, Suite # 132

Clermont, FL 34711

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:

Jennifer Cintron N/A

New Registered Office Address:

614 E. Hwy 50 #132

Enter Florida street address

Clermont

Florida

34711

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brandon Rouse	1600 S Hwy 27, #201	<input type="checkbox"/> Add
		Clermont, FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer Cintron	614 E Hwy 50, #132	<input checked="" type="checkbox"/> Add
		Clermont, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

FILED
MAR 21 PM 12:18
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

FILE
MAR 21 PM 12:10
18
RECEIVED
FLORIDA
MAR 21 1968

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MAR 21 1968

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.

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.

Page 3 of 3
Filing Fee: \$25.00