

18000101719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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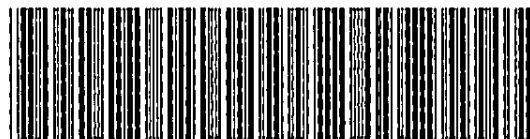
(Business Entity Name)

(Document Number)

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05/29/20--01702--011 **25.00

20 MAY 29 PM 4:00

JUN 17 2020
C. M. M. R.

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: OLGA MANGUNO HEALTH & LIFESTYLE COACH, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Olga Manguno
Name of Person
OLGA MANGUNO HEALTH & LIFESTYLE COACH, LLC
Firm/Company
10031 NW 56th Street
Address
Coral Springs, FL 33076
City/State and Zip Code
olgamanguno@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Manguno 954 600-8682
Name of Person at () 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 Address:

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

20 MAY 29 PM 4:00
Filing Section

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OLGA MANGUNO HEALTH & LIFESTYLE COACH, 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 04/23/2018 and assigned
Florida document number L18000101719.

This amendment is submitted to amend the following:

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

BBALANCED LIFE, L.L.C.

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)

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, 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

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

pending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

R = Manager

IBR = Authorized Member

[illegible]

[illegible]

(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 (3)(b)

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.

Dated 5/26/2020 2020

Signature of a member or authorized representative of a member

Olga Mangano
Typed or printed name of signee

Filing Fee: \$25.00