

L18000223786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

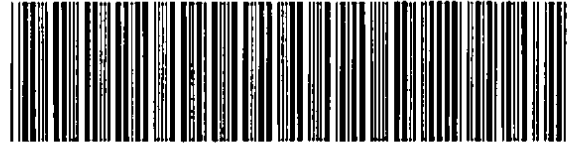
Certified Copies _____ Certificates of Status _____

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S.C.
07/13/21



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~~05/07/21--01015--009 **25.00~~

05/07/21--01015--009 **30.00

2021 JUL -8 A 11:24

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL -8 AM 2:01

June 16, 2021

KELLIE M TURNER
1704 HENDRICKS AVE
JACKSONVILLE, FL 32207

SUBJECT: BALANCED SOUL WELLNESS, LLC
Ref. Number: L18000223786

We have received your document for BALANCED SOUL WELLNESS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Summer Chatham
OPS

Letter Number: 421A00013493

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Balanced Soul Wellness 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:

Kellie M Turner
Name of Person

Balanced Soul Wellness LLC
Firm/Company

1704 hendricks ave
Address

Jacksonville, FL 32207
City/State and Zip Code

Kellie @ ~~BSW~~ balancedsoullwellness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kellie Turner at (904) 966-0143
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 Address:

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

2021 JUL -8 A 11:24
711-570

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

Balanced Soul Wellness 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 9/20/2018 and assigned
Florida document number 118 000223786

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 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

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>
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MGR	Lauren A Rhoden-Stauffee	4453 Swilcan Bridge	<input type="checkbox"/> Add
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		Lane NW in Sat, FL	<input checked="" type="checkbox"/> Remove
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		32244	<input type="checkbox"/> Change
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2021 11 10

(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 6/1/2021.

Signature of a member or authorized representative of a member

Typed or printed name of signee