L19000763525

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Pusiness Estitutherns)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

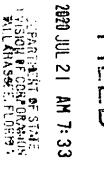
Office Use Only



800348842568

07/24/20 -01025--024 *#80.00

RECEIVED
JUL 2 1 2020



SEP 02 2020 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Co		,	•
SUBJE		Balance LLE	λ ,	
			nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Stephanie Machado		
			Name of Person	
			Firm/Company	
		14580 Cedar Hill Drive		
			Address	
		Winter Garden/FL 34787		
		stephanielynnmachado@ya	City/State and Zip Code whoo.com	
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
Stephan	ie Machado		954 394-1588	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed	l is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Life Balance LLC		-2
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our redda Limited Liability Company)	reords.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	··	TO THE PARTY OF TH
This amendment is submitted to amend the following:		TELOPERATE STATE OF THE PARTY O
A. If amending name, enter the new name of the lir	mited liability company here:	
Stephanie Machado LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	- 1	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	red office address on our records, <u>er</u> :	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Tev Registered Office Address.	Enter Florida street ac	ldress
		. 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 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>	Name	Address	Type of Action
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			□Change
			□ Add
		·	□Remove
			□Change
<u>.</u>			□Add
			□Remove
			□ Change
			□ Ađd
			□ Remove
			□Change
	-		□Add
			□ Remove
			Change

	ntion, enter change(s) here: (Attac		
			· · · · · ·
-			
er.			
			
 			
			
,			
			
ffective date, if other than the an effective date is listed, the date motor. If the date inserted in this ocument's effective date on the	e date of filing: ust be specific and cannot be prior to date of block does not meet the applicable state. Department of State's records.	(optional filing or more than 90 days after filing tutory filing requirements, this days	ig.) Pursuant to 605.020
record specifies a delayed effect I is filed.	ive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
July 15 Pated	. 2020		
	Signature of a member or authorized re	presentative of a member	
Stanhania Maghuda			
Stephanie Machado	Typed or printed name	of clamps	