## 120000 190743

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## **COVER LETTER**

Registration Section

TO:

Divi	ision of Cor	porations				
ern rom	BALINT PI	ROPERTIES REFERRALS, L	LC			
SUBJECT:		Name of Lin	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		MICHAEL K. BALINT				
			Name of Person			
		BALINT PROPERTIES R	EFERRALS, LLC			
			Firm/Company			
	661 EDGEWATER DR					
Address						
		DUNEDIN, FL 34698				
		<del></del>	City/State and Zip Code		··	
		mike@balintproperties.com				
			to be used for future annual r	eport notification)		
For further in	formation c	oncerning this matter, please c	all:			
MICHAEL K	. BALINT		225 241- at ( )	9525		
	Name o	f Person	Area Code	Daytime Teleph	one Number	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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)	
	ling Addres		Street Ad			
	gistration S vision of C	orporations	<del>-</del>	Registration Section Division of Corporations		
	. Box 632	-		The Centre of Tallahassee		
Tall	lahassee, F	FL 32314	2415 N.	Monroe Stree	t, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALINT PROPERTIES REFERRALS, LLC	
(Name of the Limited Liability Company as it now appears on of (A Florida Limited Liability Company)	ur records.)
ne Articles of Organization for this Limited Liability Company were filed on $\frac{07/06/20}{1}$	20 and assigned
orida document number L20000190743	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	25
	<u> </u>
nter new mailing address, if applicable:	<del>-</del>
Aailing address MAY BE A POST OFFICE BOX)	
	<del> </del>
. If amending the registered agent and/or registered office address on our record	s, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stre	eet address
	Florida

## 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.

City

Zip Code

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			[]Remove
			ClChange
			□ Add
			□Remove
		<del> </del>	ClChange
			CJAdd
			□Remove
			[] Change
			🗀 Add
			□Remove
			□Change
			🗀 Remove
		<del> </del>	[] Change
			□Add
			□Remove
			/T)/Chaman

	SIDIARY,
OF BALINT PROPERTIES, IN	IC.
AN S-CORPORATION, REGIS	STERED IN THE STATE OF FLORIDA
· · · ·	
Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department.	ate of filing:
record specifies a delayed effective d d is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2020
SEPTEMBER 27 Dated	<del></del>
nas	gnature of a member or authorized representative of a member