

L20 000256884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

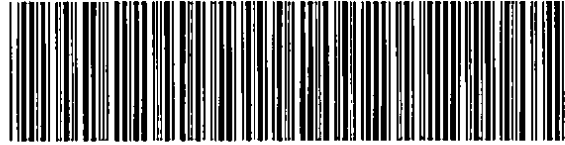
(Business Entity Name)

(Document Number)

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OCT 24 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Balancing 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:

Vanessa Suarez  
Name of Person

Firm/Company

4840 Old Oak Trl  
Address

Saint Cloud, FL 34771  
City/State and Zip Code

coco1112@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Suarez at (404) 606-5932  
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

# Balancing Wellness, ~~Life~~ Life, Mind, & Soul

**If Changing Registered Agent, Signature of New Registered Agent**

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

GR = Manager  
MBR = Authorized Member

2020 Sep 11 AM 9:46

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Vanessa Suarez	4840 Old Oak Trl	<input type="checkbox"/> Add
		Saint Cloud, FL 34771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Vanessa Suarez	4840 Old Oak Trl	<input checked="" type="checkbox"/> Add
		Saint Cloud, FL 34771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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0. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 SEP 11 AM 9:47

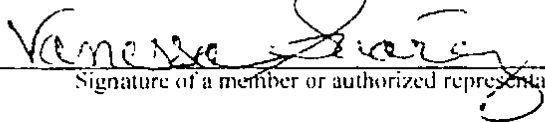
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

ne 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  
ord is filed.

Dated 9-4 2020



Signature of a member or authorized representative of a member

Vanessa Suárez

Typed or printed name of signer