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rtified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corporation	ons.			
SUBJECT: Balancin	9 Wellness Name of Limite	d Liability Company	· · · · · · · · · · · · · · · · · · ·	•
The enclosed Articles of Amend	dment and fee(s) are submi	itted for filing.		
Please return all correspondence	e concerning this matter to	the following:		
_	Vainessa	Name of Person		
<u>-</u>		Firm/Company		····
_	4840 Old	CCK TEL	·	
	Saint Cloud	7 3477 City/State and Zip Code	·	
	CCC & III 2 Co	refused for future annual rep	port notification)	
For further information concern	ing this matter, please call	:		
Vanessa Su Name of Person	avez	at (<u>404)</u> & Area Code	: CG - 59 Daytime Telepho	3) ne Number
Enclosed is a check for the follo	owing 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)

Registration Section

TO:

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

1 dechours

Balancina 1	Wellness,	LEGI 14 111	D- 1, 77
(Name of the Limited Liabilit (A Florida	ty Company as it now appe Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C		8.18.20	and assigned
This amendment is submitted to amend the following:			
If amending name, enter the new name of the limi	ted liability company l	<u>nere</u> :	
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:			<u> </u>
Principal office address MUST BE A STREET ADDR	(ESS)		
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered ent and/or the new registered office address here:	d office address on our	records, enter the nar	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter FI	orida street address	
	City	, Florida	Ziv Code
	City.		

y Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is ig filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added_removed from our records</u>:

GR = Manager MBR = Authorized Member

<u>tle</u>	Name	Address 2020 St. 11, Ali 9: 46	Type of Action
GR	Vanessa Suarez	4840 old oak Tel	□Add
		Saint Cloud, 7c 34771	∀ Remove
			Change
MOR	Vanessa Suarez	4840 Old Oak TRL	<i>X</i> 3Add
		Saint Cloud, 76 34771	□Remove
			□Change
<u></u>			□Add
			Remove
			□Change
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			□Change

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