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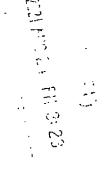
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COVER LETTER

TO:	Registration Se Division of Cor			<i>;</i>
SUBJI	ECT: BALANC	CED SMOKE, LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Corpor	ate Maintenance Lea	ad
			Name of Person	
	Processing Department			
			Firm/Company	_
		1	1450 Vassar St	
			Address	
	Reno, NV 89502			
			City/State and Zip Code	
			ocs@incauthority.com to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
	Process	ing Department	at (800) 638-2320	
		f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	he following amount:		
⊡ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS: ration Section	STREET/COURIE Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

٠,

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALANC	ED SMOKE, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ED SMOKE, LLC ompany as it now appears on our records.) ited Liability Company)	
(**************************************	nea blability company,	
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/16/21	and assigned
Florida document number L21000325585		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
BALANCED	HOLISTICS,LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		
(Principal office address MUST BE A STREET ADDRESS	5)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
		
D 16	dies di	c
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ie name of the new
registered agent and of the new registered office address	nore.	
		, <u>(3</u>
Name of New Registered Agent:		. , , , ,
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	roj
		آبان ا
	, Florida	Zip Code -3-
	•	Zip Code - (3)
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	. 22
I hereby accept the appointment as registered agent and	agree to act in this capacity. I further agre	e to comply with the
provisions of all statutes relative to the proper and comp	lete performance of my duties, and I am fai	niliar with and
accept the obligations of my position as registered agent		
being filed to merely reflect a change in the registered of	fice address, I hereby confirm that the limi	ed 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 = .	AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			☐ Remove	
			Change	
			□ Remove	
			Change	
		 		
			Remove	
			Change	
			☐ Remove	
			☐ Change	
			□ Remove	
			☐ Change	
			Add	
			Remove	
			C) Channe	

	· · · · · · · · · · · · · · · · · · ·
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an effecti ote: If	date, if other than the date of filing: (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
e recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	August 17th 2021.
	C Air Dans
	Signature of a member or authorized representative of a member
	Chris E Torres
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00