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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

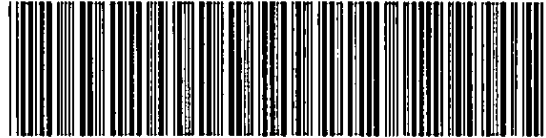
(Business Entity Name)

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T. MATTHEWS

FEB 22 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BALC 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:

Beatriz Leon

Name of Person

BALC LLC

Firm/Company

6193 Rock Island Rd #211

Address

Tamarac FL 33319

City/State and Zip Code

sweetbale@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriela Ruiz

Name of Person

954 7080053
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Gabriela Ruiz	6193 Rock Island Rd #211	<input checked="" type="checkbox"/> Add
		Tamarc FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Beatriz Leon	6193 Rock Island Rd #211	<input checked="" type="checkbox"/> Add
		Tamarc FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated February 02nd 2022

Beatriz Leon

Filing Fee: \$25.00