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(Re	questor's Name)	_
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Con			'
Brain Bala	nce, LLC		•
SUBJECT:	Name of Lim	nted 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:	
	Ryan Urzen		
		Name of Person	
	Altered Mind		
		Firm/Company	
	212 E Hillsboro Blvd. #14	01	
	***************************************	Address	
	Deerfield Beach, FL, 3344	1-9998	
		City/State and Zip Code	
	Ryan@Altered-Mind.com		
	E-mail address: (to be used for future annual report notil	lication)
For further information of	concerning this matter, please c	all;	
Ryan Urzen, LMHC		561 5704810 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 631		The Centre of T	
Tallahassee,	r に 323 t4	2415 N. Monro	e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brain Balance, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	inv as it now appears on our r Jability Company)	ecords.)	
The Articles of Organization for this Limited Florida document number L22000046792	Liability Company	were filed on $\frac{01/26/2022}{}$	and assigned	
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
Altered Mind, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L L C,"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		212 E Hillsboro Blvd, #1	401	
		Deerfield Beach, FL. 33441-9998		
Enter new mailing address, if applicable:		212 E Hillsboro Blvd, #1	401	
(Mailing address MAY BE A POST OFFICE BOX)		Deerfield Beach, FL, 33441-9998		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	nddress on our records, <u>e</u>	inter the name of the new Tegistered	
Name of New Registered Agent:	Ryan Urzen, M	GR	PH 1888	
New Registered Office Address:	212 E Hillsboro		STA OF	
		Enter Florida street c	1"	
	Deerfield Beac		Florida 33441-9998	
		City	Zip Code	

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.

Again. Lyan. LMHC

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>	Name	<u>Address</u>	Type of Action
MGR	Ryan Urzen	4334 NW 9th Ave. 7-2F	⊐Add
		Pompano Beach, FL. 33064	
			■Clunge
			Add
			TRemove
			□Change
			□Add
			TRemove
			lClunge
			Кетюче
			□Change
			□Add
			=Remove
			□Change
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Note:	ive date, if other than the date of filing:
r recoi d is fi	rd 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 led.
Dated	
	Agan Unyan LMHC Signature of a member or authorized representative of a member

Filing Fee: \$25.00