K22000465794

(Requestor's Name)
(Address)
(Add see)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Charly Name)
(Document Number)
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3/28/23 VIN FILEU 2023 HAR 22 AHII: 56 SARAN MASSEE, FU



February 28, 2023

SONIA BECERRA 3 GREENWAY PLAZA #1320 HOUSTON. TX 77046 US

SUBJECT: RESETRENEWREBALANCE LLC

Ref. Number: L22000465794

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGE 2 OF THE DOCUMENT WAS MISSING. PLEASE COMPLETE THE ATTACHED DOCUMENT AND RETURN IT FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 023A00004695

www.sunbiz.org

COVER LETTER

Division of C	Corporations				
SUBJECT:	. RESETRENEV	VREBALANCE LLC	·		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
		Sonia Becerra			
		Name of Person			
		Swyft Filings			
		Firm/Company			
	3 Greenway Plaza #1320 Address				
		Houston, TX 77046			
		City/State and Zip Code			
		feenonline@gmail.co			
For further informatio	n concerning this matter, please c				
Soni	a Becerra	at ()	777-0450		
Nan	e of Person	Area Code	Daytime Telephone Number		
Enclosed is a check for	or the following amount:				
☎ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &		
Mailing Add		Street Ad Registra	dress: tion Section		

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

TO:

Registration Section

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 OF

RESETRENEWREBALANCE LLC

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparida document numberL22000465794	iny were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
Reset Renew Rebala	ance LLC
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Apt 2123 Fort Myers, Florida 33901
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Apt 2123 Fort Myers, Florida 3390
agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	McGregor Blvd, Apt 2123 Enter Florida street address
tor	+ Myers Florida 33901 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.

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Remove
			□Change
			□Remove
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			□Add
		<u> </u>	□Remove
			□Change

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If an ef Note:	tive date, if other than the date of filing: 10131 2022 (optional) Sective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
rd is f	
Dated	November 13 2022 X Colleen Phillips - Forage Signature of a member or authorized representative of a member
	$rac{1}{2}$
	X College Thelips Orbital Signature of a member or authorized representative of a member

Filing Fee: \$25.00