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COVER LETTER

Division of Corp			
SUBJECT: Bal	anced Bites L	LC	
	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	William	Name of Person	<u>S</u>
		Firm/Company	
	10095 T	Boynton Pla	ce Circle
		Beach fl Chy/State and Zip Code	
	W Jean E-mail address: (to	be used for future annual report noti	fication)
For further information co	oncerning this matter, please cal	II:	
William Name of	Jeanlys	at (561) 572 Area Code Daytim	-5849 e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R1-1200 1 Rta 110

	City	Zip Code	
		Florida	
New Registered Office Address:	Enter Florida si	treet address	
Name of New Registered Agent:			
B. If amending the registered agent and/or reg agent and/or the new registered office address l	pstered office address on our recor <u>here</u> :	rds, <u>enter the name of the new</u>	registered
r.mer new maning address, it applicable: ' <u>Mailing address MAY BE A POST OFFICE BO</u>	2.Y)		
Enter new mailing address, if applicable:			
		<u> </u>	
Principal office address MUST BE A STREET.	ADDRESS)	*	
Enter new principal offices address, if applicab	ole:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.	C,"
A. If amending name, <u>enter the new name of the same o</u>	he limited liability company here:		
This amendment is submitted to amend the follow	ving:		
Florida document number <u>L23000</u> 35	<u> 3 8850</u>	,	
The Articles of Organization for this Limited Liab	oility Company were filed on	18 1005 and assi,	gned
		_	
(Name of the Limited	Liability Company as it now appears on Visionida Limited Liability Company)	our records.)	

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 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

Title	Name	Address	Type of Action
MGR	Marie Brammer	12 Fayette Dr., Occur Ridge, FL 33435	_ ≼ ∧dd
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
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effective date is li e: If the date in	other than the date sted, the date must be s serted in this block of re date on the Depart	specific and cannot be does not meet the ar	oplicable statutory	or more than 90 days	optional) after filing.) Pursuam to this date will not be	605.020 listed (
ord specifies a filed.	delayed effective dat	te, but not an effect	ve time, at 12:01	a.m. on the earlier o	f: (b) The 90th day a	after th
d	10/2	5/23_	11			
		V	/ / /			