L23000369873

(Requestor's Name)
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,
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JAN 09 S. PRATHER

COVER LETTER

TO:

Tallahassee, FL 32314

	r Life, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
Balance For Life, LLC Balance For Life, LLC			
Please return all correspo	ondence concerning this matter	to the following:	
	James C. Winters		
		Name of Person	 _
	Winters & Winters, LLC		
		Firm/Company	
	315 Highland Ave., Suite 1	02	
		Address	
	Cheshire, Ct. 06410		
	· -		
For further information c		·	cation)
James C. Winters			
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C		Registration Section of Corp	
P.O. Box 632		The Centre of Ta	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Balance For Life, LLC		î.
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our r Liability Company)	records.)
e Articles of Organization for this Limited Liability Company	were filed on $\frac{08/07/2023}{}$	and assigned
orida document number L23000369873		
is amendment is submitted to amend the following:		·
is amendment is substituted to affecte the following.		
If amending name, enter the new name of the limited liab	ility company here:	
new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	117 Thornton Drive	
rincipal office address MUST BE A STREET ADDRESS)	Palm Beach Gardens, Florida 33418	
iter new mailing address, if applicable:	117 Thomton Drive	
failing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens, Flo	rida 33418
uning undress MAT BE A FOST OF FICE BOA)		
If amending the registered agent and/or registered office	address on our records a	inter the name of the name and
ent and/or the new registered office address here:	address on our records, e	mer the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	addruse
	City	_, Florida Zip Code
w Registered Agent's Signature, if changing Registered Agent:	•	Zip Coile
	•	
ereby accept the appointment as registered agent and agr	ee to act in this capacity.	I further agree to comply with
ovisions of all statutes relative to the proper and complete	performance of my dutie	rs, and I am familiar with and
cept the obligations of my position as registered agent as ping filed to merely reflect a change in the registered office	provided for in Chapter 6 address I baraby confin	005, F.S. Or, if this document is no that the limited link line
ing filed to merely reflect a change in the registered office inpany has been notified in writing of this change.	adaress, i nereny conjur	m inai ine limited liability
2 - , and a second process of thing by this order go.		

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
AMBR	Gina Stenwall	102 Crab Cay Way	□Add
		Jupiter, Florida 33458	■Remove
			□Change
AMBR	Healthcare Information Services 116 South Main Street	116 South Main Street	■Add
		Wallingford, Ct. 06492	□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
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fective date, if other than the date of filing:) Pursuant to 60	iS 0.20
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	will not be lis	ted a
current's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	e 90th day afte	er th
is filed.		
November 2024	-	
		-
ated		7
nted		
ated		
Signature of a member or authorized representative of a member	<u> </u>	C121 000 0 0

Filing Fee: \$25.00