

L23000369873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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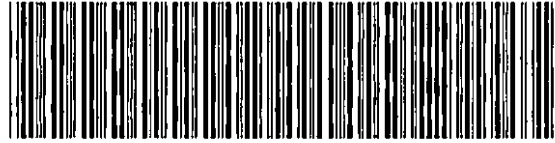
(Business Entity Name)

(Document Number)

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JAN 09  
S. PRATHER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Balance For Life, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James C. Winters

\_\_\_\_\_  
Name of Person

Winters & Winters, LLC

\_\_\_\_\_  
Firm/Company

315 Highland Ave., Suite 102

\_\_\_\_\_  
Address

Cheshire, Ct. 06410

\_\_\_\_\_  
City/State and Zip Code

jwinters@winters-winters.com

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

For further information concerning this matter, please call:

James C. Winters

203 272-2927  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

2074 E.C. - 3

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Palm Beach Gardens, Florida 33418

Palm Beach Gardens, Florida 33418

## Zip Code

**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	Gina Stenwall	102 Crab Cay Way	<input type="checkbox"/> Add
		Jupiter, Florida 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Healthcare Information Services, LLC	116 South Main Street	<input checked="" type="checkbox"/> Add
		Wallingford, Ct. 06492	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

**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 November 6, 2024

Allen Jackson, Managing Member of Healthcare Information Services, LLC, duly authorized

2024-06-27 11:01