L23000419587

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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
BALANCI SUBJECT:		E CHANGED TO BALANCING LIFE V	VITH CAROL
-	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
ricase return an correspo	ondence concerning this matter	to de following.	
	PATRICIA WHYNE		
		Name of Person	
	BALANCING LIFE WIT	H CAROL	
		Firm/Company	
	1074 WYOMING DRIVE	SE	
		Address	
	PALM BAY FLORIDA 3	2909	
		City/State and Zip Code	
	PWHYNE21@GMAIL.CO	M to be used for future annual report notification	
For further information of	concerning this matter, please e	•	;)
	and mana, proude o	21429330 <i>66 214-</i>	-292 20/1/2
PATRICIA WHYNE		nt /	
Name o	of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration :		Street Address: Registration Section	
Division of C	Corporations	Division of Corporat	ions
P.O. Box 632		The Centre of Tallah	
Tallahassee	FI 32314	2415 N. Monroe Stre	et Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALANCED LIFE WITH CAROL			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 09082023	and as	signed
Florida document number L23000419587			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
BALANCING LIFE WITH CAROL LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L	L.C."
Enter new principal offices address, if applicable:	1074 WYOMING DRIVE SE		
(Principal office address MUST BE A STREET ADDRESS)	PALM BAY FLORIDA 32909	_	
			
Enter new mailing address, if applicable:		707	
(Mailing address MAY BE A POST OFFICE BOX)		0.0)
		. 6	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the ne	w registered
Sgow and or the new registered office address here.		بب	
Name of New Registered Agent:	-	50	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	Cim	Zin Cada	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
		□Add	
		□Remove	
			Change
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Note:	e date, if other than the date of filing:
the record cord is fi	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
Dated	,
	\overline{O}

Typed or printed name of signee