

L240000 85747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

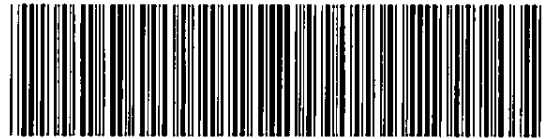
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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SimpleBalance Nutrition LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

KATHERINE ROMERO

Name of Person

SIMPLE BALANCE NUTRITION LLC

Firm/Company

9924 UNIVERSAL BVD 224-198

Address

ORLANDO, FL 32819

City/State and Zip Code

SIMPLEBALANCENUTRI@GMAIL.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

KATHERINE ROMERO

Name of Person

at (754) 300-7439

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

SimpleBalance Nutrition LLC

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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SECRETARY OF STATE
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

SECRETARY OF STATE
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HEREIN IS UNCLASSIFIED
DATE 08-14-2001 BY 60322 UCBAW

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 APRIL 10, 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KATHERINE ROMERO

Typed or printed name of signee

Filing Fee: \$25.00