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16. HUNT 05/06/24

COVER LETTER

Registration Section Division of Corporations

TO:

CHIPTOTO	OND BALANCE THERAPY SERV	/ICES	
SUBJECT:	Name of Lir	nited Liability Company	-
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	rrespondence concerning this matter	r to the following:	
	MICA ALLEN		
		Name of Person	
	BEYOND BALANCE T	HERAPY SERVICES, LLC	
		Firm/Company	
	1127 CROMEY RD NE		~ 1
		Address	• .
	PALM BAY, FL 32905		
		City/State and Zip Code	···
	MICAALLEN@YMAIL.		===
	E-mail address:	(to be used for future annual report not	ification) $\frac{1}{1}$ $\frac{1}{2}$ $\frac{3}{2}$
For further informa	ation concerning this matter, please of	call:	1 3 2 × 2
MICA ALLEN		321 501-4941	
N	Same of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check	s for the following amount:		
≡ \$25.00 Filing F	Fee S30.00 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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEYOND BALANCE THERAPY SERVICES		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company w	ere filed on APRII. 25, 2024	and assigned
lorida document number 1.24000194816		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ty company here:	
ne new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>/ 53 </u>
		<u> </u>
nter new mailing address, if applicable:		4.53
fuiling address MAY BE A POST OFFICE BOX)		2
<u> </u>		
		-
. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	dress on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
	•	
New Registered Office Address:	Enter Florida street address	
	, Flori	
	City	Zip Code

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 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>	Type of Action
AMBR	Mica Allen	1127 Cromey Road NE, Palm Bay, FL 32905	= Add
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fective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet th ocument's effective date on the Department of State's	e applicabl	date of filing o	r more than 90 ling requiren	(optiona days after filinents, this da	l) 1g.) Pu te wil	rsuant to 605,020 I not be listed a
ecord specifies a delayed effective date, but not an effi is filed.	ective time	e, at 12:01 a.r	n. on the earl	ier of: (b)	The 90)th day after th
ated May 1 202	24					
Mica Signature of a member						

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