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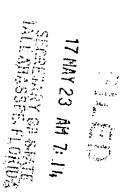
(Re	questor's Name)	
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## **COVER LETTER**

TO:		istration Sec sion of Corp		•	•
CI)DIE/		Bio Studic <b>s</b> L	LC.		
SUBJE	CI:		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspon	dence concerning this matter	to the following:	
			Monica Carnicero		
				Name of Person	<u></u>
			Bio StudiczLLC.		
				Firm/Company	
			3119 SW 22nd Ave		
				Address	
			Coral Gables, Florida 3314	15	
				City/State and Zip Code	
			monicafohnt@gmail.com		
			E-mail address: (	to be used for future annual report notif	ication)
For furth	her in	formation co	ncerning this matter, please ca	all:	
Joseph F	Rober			305 3973916	
		Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a	check for the	following amount:		
□ <b>\$</b> 25.	.00 Fi	ling 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bio Studios LLC.			
(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited L Florida document number L16000215305	iability Company were filed on	11/28/2016 and assign	ned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C	7 77
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE			
	,	発送	1.
		23 858	Tel 1 (d) Pt (g) books d
Enter new mailing address, if applicable:		್ಥ 😤	7 7 4 1
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		Treate
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		a bar	
B. If amending the registered agent and		on our records, enter the name of	the ne
registered agent and/or the new registered of	ffice address here:		
Name of New Registered Agent:	Monica Carnicero		
New Registered Office Address:	262 SW 22 Road		
Negistered Office Address.	Enter	Florida street address	
	Miami	, Florida <sup>33129</sup>	
	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.

f 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
MGR	Monica Carnicero	262 SW 22nd Road	<b>□</b> Add
		Miami, FL 33129	□ Remove
			Change
ABMR	Shirley Yera	2811 SW 13th Street	Add
		Miami, FL 33145	Remove
	•		□ Change
ABMR	Diana Gonzalez	1900 North Bayshore Drive	
		Miami, FL 33132	Remove
			Change
MGR	Frank Gonzalez	1900 North Bayshore Drive	□ Add
		Miami, FL 33132	Remove
			☐ Change
			Remove
			☐ Change
			□ Add
		-	Remove
			☐ Change

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Filing Fee: \$25.00