L12000055071

(Re	equestor's Name)	
(Ad	ldress)	
_ (Ad	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

AUTHORIZATION SIGNATURE:	for Fich
Medical Equipment Diagnostic Services, I BUSINESS (Name)	LLC () Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	P 66.7
Certified Copy of Articles of	——————————————————————————————————————
_X Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	_XAmendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
LLLP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited Partnership Reinstatement
Tientious Name	Trademark
APOSTIL ()	Other
Country	

EXAMINER'S INITIALS:

COVER LETTER

Registration Section

TO:

Division of Co	rporations		
MEDICAL SUBJECT:	. EQUIPMENT DIAGNOSTIC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yamile Alvear		
		Name of Person	 -
	YourFinance Bff LLC		
		Firm/Company	
	14900 SW 30 ST		
		Address	
	Miramar, FL 33027		PRINTERS IN THE BEAUTY OF THE
		City/State and Zip Code	
	info@yourfinancebff.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Yamile Alvear		786 479-1159 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDICAL EQUIPMENT DIAGNOSTIC SERVICE	S, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 04/23/2012	and assigned
Florida document number 1.12000055071		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Next Level Studio Shop LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	640 NE 128th St	
Principal office address MUST BE A STREET ADDRESS)	North Miami, FL 33161	202
		200
		e e e
Enter new mailing address, if applicable:	640 NE 128th St	i de de la composición dela composición dela composición dela composición dela composición de la composición de la composición dela c
Mailing address MAY BE A POST OFFICE BOX)	North Miami, Fl 33161	117,
		7.2
		r.i CO
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new registe
Navy Registered Office Address.		
New Registered Office Address:	Enter Florida street addre	255
		lorida
	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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			
			□Remove
			□Change
			□Remove
			□Change

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	5 All 7
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	P4 2
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing returnent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to filed.	equirements, this date will not be lis
Signature of a glember or Minor that representative of	

Filing Fee: \$25.00