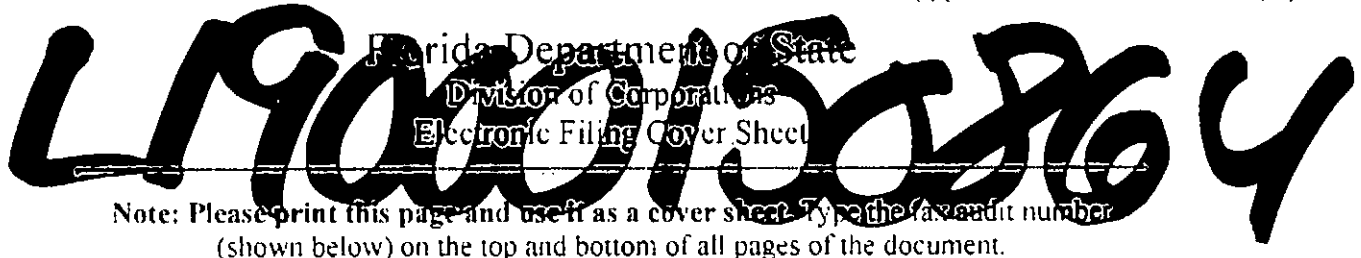


24/3/2021

Division of Corporations

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Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ISAMAR TORRES
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (305)503-7123

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: onestopsolutionsfl@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STUDIO ACHE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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(((H21000118964 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

(((H21000118964 3)))

SUBJECT: STUDIO ACHE 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:

Humberto D. Garcia Meza

Name of Person

Humberto D. Garcia Meza

Firm/Company

8217 SW 72ND AVE APT 413

Address

MIAMI, FLORIDA 33143

City/State and Zip Code

info@medicenache.com

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

For further information concerning this matter, please call:

Humberto Garcia

786

6551929

at ()

Name of Person

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)

MailingAddress:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H21000118964 3)))

STUDIO ACHE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/06/2019 and assigned
Florida document number L19000150864.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MEDICEN ACHE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8217 SW 72ND AVE APT 413

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33143

Enter new mailing address, if applicable:

8217 SW 72ND AVE APT 413

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33143

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HUMBERTO D. GARCIA MEZA

New Registered Office Address:

8217 SW 72ND AVE APT 413

Enter Florida street address

MIAMI

City

, Florida

33143

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.

Humberto D. Garcia Meza

If Changing Registered Agent, Signature of New Registered Agent

(((H21000118964 3)))

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HUMBERTO D. GARCIA MEZA	8217 SW 72ND AVE APT 413	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

6

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed

Dated MARCH 24, 2021

Humberto D. Garcia Meza
Signature of a member or authorized representative of a member

HUMBERTO D. GARCIA MEZA

Typed or printed name of signee

((H21000118964 3)))

Filing Fee: \$25.00