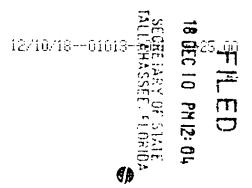


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MIA CREATIVE FLOWERS, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Krystyna Aksienienko Name of Person
Mia Creative Flowers, LLC.
17720 North Bay Road, ap+#12A
Sunny Isles Beach, FL 33160 City/State and Zip Code miacreative Flowers again. Com E-mail address: (to be used for future annual report nosilication)
For further information concerning this matter, please call:
hrystyna Aksienienko at (486) 399-8002 Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$Certified C

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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**

(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 w	vere filed on and assigned
Florida document number <u>L18000134303</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
-	City Zip Code
Name Designated Agent's Cignotium of shapping Designated Agents	

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

ne 120/1012

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

Type of Action Title **Name** Address Kuznetsova Kateryna 16500 Collins Ave Sunny Tsks Beach, FL 33160 - Change □ Add _□ Remove _□ Change ☐ Remove ☐ Change \square Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

							
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Page 3 of 3

Filing Fee: \$25.00