Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : I20220000131 Phone : (305)610-2704

Fax Number

: (305)647-6040

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOMD LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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	gistration Sec vision of Corp				
ern mer	FOMD LLC				
SUBJECT		Name of Lim	nited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub-	unitted for filing.		
Please retur	n all correspon	idence concerning this matter	to the following:		
		EGOR ZHAROV			
			Name of Person		
		FOMD LLC			
			Firm/Company		
		800 SE 4TH AVE 705			
			Address		
		HALLANDALE BEACH, FL 33009			
		info@miaccounting.us	City/State and Zip Code		
		- '	to be used for future annual report notification)		
For further i	na noitamudui	neerning this matter, please ea	all:		
EGOR ZIL	VROV		305 610-270-		
	Name of	Person	at () Area Code Daytime Telephone Number		
Enclosed is	a check for the	c following amount:			
≡ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Ma	ailing Address	:	Street Address:		
Ro	egistration Solvision of Co	ection	Registration Section Division of Corporations		
P.(O. Box 6327	;	The Centre of Tallahassee		
Та	illahassee, F	L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

From: MADINA pahretdinova

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(((11220004302313)))

FOMD LLC				
(Name of the Limb	ed Liability Comp.	ny as if now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L	fability Company	were filed on $\frac{01/2}{}$	5/2022	and assigned
Florida document number L22000044310				
				2 0 2
This amendment is submitted to amend the following	owing:			EC **:
A. If amending name, enter the new name o	f the limited liab	ility company her	e:	22 OF
7			-	i i i i i i i i i i i i i i i i i i i
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company " the des	ignation "I I I"" or the abb	Target on "I - C"
·		• •		
Enter new principal offices address, if applic	able:	800 SE 4TH AVE		2
(Principal office address MUST BE A STREE	TADDRESS)	HALLANDALE I	BEACH, FL 33009	
Enter new mailing address, if applicable:		800 SE 4TH AVE	711	
(Mailing address MAY BE A POST OFFICE	ROX)	HALLANDALE	BEACH, FL 33009	
The state of the s	<u> </u>			
B. If amending the registered agent and/or r	revistered office	address on our rec	ords enter the name	of the new registered
agent and/or the new registered office addre			an circu tite mornie	or the few fagaretes
Name of New Registered Agent:				
	000 CE 4711 A	112 211	****	***************************************
New Registered Office Address:	800 SE 4TH A	F I'l	a street address	
		r.nier Purru	a street agaress	
	HALLANDAL	E BEACH	, Florida 330	09
				Zip Coπe
New Registered Agent's Signature, if changing	Registered Agent:	•		
I hereby accept the appointment as registere				
provisions of all statutes relative to the propaction as regi				
being filed to merely reflect a change in the	sterea agent as registered office	proviaeu jor in Ch : address. I herehv	confirm that the lim	j inis aocumeni is ited liability
company has been notified in writing of this			,	÷

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	EGOR ZHAROV	800 SE 4TH AVE 711	Cladd
		ALLANDALE BEACH, FL 33009	□Remove
AMBR	KIRILL MIKHAILOV	\$446 GARDENS CIR. APT. \$	
		SARASOTA, FL 34243	
			🖸 Add
			□Remove
			Change
			□ Remove
			□Change
			TRemove
			Change
			BRemove
			[][Change (((H220004302313)))

Page: 8 of 8

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	ate of filing:	(optional)
Tective date, if other than the da n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	k does not meet the applicable statutory filing require	ments, this date will not be listed a
te: If the date inserted in this block cument's effective date on the Depo ecord specifies a delayed effective o	k does not meet the applicable statutory filing require	ements, this date will not be listed a
te: If the date inserted in this block cument's effective date on the Dept	k does not meet the applicable statutory filing require artment of State's records.	ements, this date will not be listed a