L22000515561

(Rea	restor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

TO:

	egistration Se ivision of Cor		
	MILA FDS	LLC	
SUBJECT	`:	Name of Lim	ited Liability Company
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.
Please retu	rn all correspo	ndence concerning this matter	to the following:
		POZHYDAYEVA, LYUD	DMYLA
			Name of Person
		MILA FDS LLC	
			Firm/Company
		456 BLAIRMORE BLVD	W
			Address
		ORANGE PARK, FL 320	73
		qwerqwer1616@mail.ru	City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For further	information c	oncerning this matter, please c	all: 910 210-2747
POZHYD.	AYEVA, LYU	IDMYLA .	910 210-2747 The state of the s
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is	s a check for th	ne following amount:	77 - T
€ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. □ Certificate of Status & Certified Copy (additional copy is enclosed)
R D	failing Address Legistration Solvision of C LO, Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
т	allahaccee I	FI 32314	2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILA FDS LLC		
(<u>Name of the Limited Liability Comp</u> e (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/08/2022	and assigned
Florida document number L22000515561		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u> _	
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 on our records, anten the n	amount the right registers
agent and/or the new registered office address here:	address on our records, enter the n	
		emma comman comman comman
Name of New Registered Agent:		00
Name Danistanad Office Address		
New Registered Office Address:	Enter Florida street address	11: 2
	, Florida	' H -
	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 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>	Address	Type of Action
AMBR	Andrii Hlushchenko	27 Chemorechenskaya Street	≅Add
		Sevastopol, Ukraine	□Remove
			Change
			\ _Add
			□Remove
			□Change
			□Add
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ective date, if other than the	date of filing:	(antional) (J)
effective date is listed, the date mus	t be specific and cannot be prior to date of filing	ng or more than 90 days after filing.) Runsuant to 605. y filing requirements, this date will not be histe
nument's effective date on the De	epartment of State's records.	TAI 2
		ni —
cord specifies a delayed effective s filed.	e date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after
December 28	2023	
	1	
	/ D 1 //	01 - 10 - 1
<u></u>	Cyndmila Pozhya Signature of a member or authorized regise	dayeva

Filing Fee: \$25.00