

L23000329391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

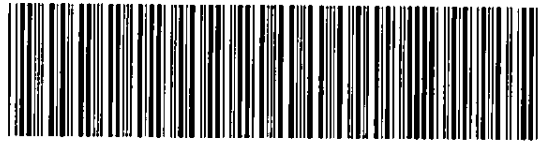
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

not

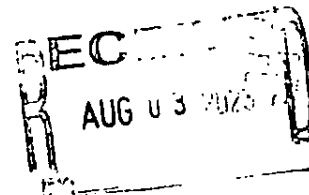
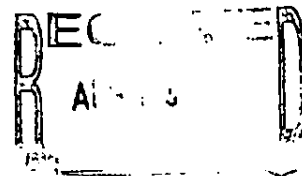
1070-23

Office Use Only



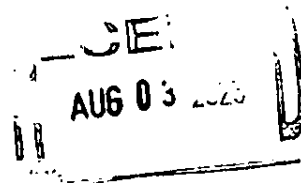
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2023 OCT 10 PM 2:24

1070



COVER LETTER

TO: Registration Section
Division of Corporations

FF, MIA LLC

SUBJECT: _____
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:

Natalia Zviagina

Name of Person

FF, MIA LLC

Firm/Company

465 Brickell Ave #4306

Address

Miami FL 33131

City/State and Zip Code

nataliazvyagina90@gmail.com

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

For further information concerning this matter, please call:

Natalia Zviagina

1

7865577979

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

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

Street Address:

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

RECEIVED

AUG 03 2023

2023 OCT 10 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FL

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NATALIA ZVIAGINA	465 Brickell Ave #4306 MIAMI FL -33131	<input checked="" 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"/> Change

2008 OCT 10 PM 2:21
SECRETARY OF STATE
NATALIA ZVIAGINA

2013 OCT 10 PM 2:49
SECRETARY OF THE
NAVY
NAVY

2023 OCT 10 PM 2:24
SECRETARY OF THE
NAVY

(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)

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 Jul 26 2025

Signature of a member or authorized representative of a member

Natalia Zviagina
Typed or printed name of signer

Filing Fee: \$25.00

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

FF MIA 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 July 12, 2023 and assigned
Florida document number L23000329391.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2023 OCT 10 PM 2:24	SECRETARY'S OFFICE

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NATALIA ZVIAGINA	465 Brickell Ave #4306 MIAMI FL -33131	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL
2023 OCT 10 PM 2:21

2013 OCT 10 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 10 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FL

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Dated July 26, 2025.

Signature of a member or authorized representative of a member

Natalia Zviagina
Typed or printed name of signer

Filing Fee: \$25.00