oath; that I am a managing member or manager of the limited liability company or the receiver or trust		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: ANTONIO ELLEK	MANAGER	04/23/2018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

BENAVIDES, DANIEL ESQ. 200 S BISCAYNE BLVD

4100 MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: DANIEL BENAVIDES			04/23/2018		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	MGR	Title	MANAGER			
Name	ELLEK, ANTONIO	Name	AMATO, CETIN			
Address	2792 NW 24TH ST.	Address	175 SW 7 ST			
City-State-Zip: M	MIAMI FL 33142	City-State-Zip:	1900 MIAMI FL 33130			

Name and Address of Current Registered Agent:

2792 NW 24TH ST. MIAMI. FL 33142

DOCUMENT# L17000092111

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: MILAS DISTRIBUTORS LLC

Current Principal Place of Business:

Current Mailing Address:

175 SW 7 ST 1900 MIAMI, FL 33130 US

FEI Number: 82-1322200

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 23, 2018 Secretary of State CC2625351962

Certificate of Status Desired: Yes