

L11000102054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

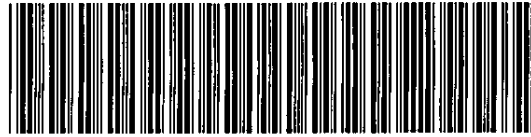
(Business Entity Name)

(Document Number)

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09/27/11--01004--009 **25.00

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2011 SEP 27 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 28 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILLCO LLC
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:

VLADIMIR BORISSOV
Name of Person

BEST PRO SERVICES INC
Firm/Company

5580 PARK BLVD #10
Address

PINELLAS PARK, FL 33781
City/State and Zip Code

BEST.PRO@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VLADIMIR BORISSOV at (**727**) **623-9885**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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MILCO LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 09/07/2011 and assigned Florida document number L11000102054.

This amendment is submitted to amend the following:

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

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

New Registered Office Address:

n/a

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

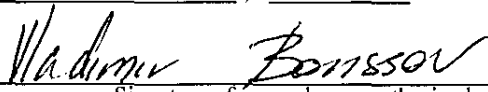
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	DANILOV, ALEXANDER	19501 WEST COUNTRY CLUB DR. TS-3 AVENTURA FL 33180 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DANILOV, ALEXANDER	19501 WEST COUNTRY CLUB DR. TS-3 AVENTURA FL 33180 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MILCO COMMERCE	TARTU MNT 18-56 TALLINN EE 10115 EE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MILCO COMMERCE	TARTU MNT 18-56 TALLINN EE 10115 EE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated SEPTEMBER 16, 2011.



Signature of a member or authorized representative of a member

VLADIMIR BORISSOV

Typed or printed name of signee