L12000014243

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DIVISION OF CORPORATIONS

APR 12 2012

COVER LETTER

TO: Registr Divisio	ration Section `` n of Corporations
SUBJECT:	MILKA TRADING LLC
SCHOLET	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	PATRICK MOYAL
	Name of Person
	MOYAL ACCOUNTING SERVICES INC
	Firm/Company
	10796 PINES BLVD SUITE 204
	Address
	PEMBROKE PINES FLORIDA 33026
	City/State and Zip Code
	MOYALACCOUNTING@GMAIL.COM E-mail address: (to be used for future annual report notification)
For further infor	開かった。 2004 (Jean Action Concerning this matter, please call: ついては、
	PATRICK MOYAL at (954) 430-3930
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a che \$25.00 Filing	cck for the following amount: Fee \$\int_\$30.00 \text{Filing Fee & }\int_\$55.00 \text{Filing Fee & }\int_\$60.00 \text{Filing Fee,} \text{Certificate of Status & }Certified Copy & Certified Copy & Certifie
l starterbib	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Section Section Division of Corporations Clifton Building 2661 Executive Center Circle Section Section Section MCANANACO CONTRACTOR CONTR

ARTICLES OF AMENDMENT

TO

FILED SECRETARY OF STATE ARTICLES OF ORGANIZATION IVISION OF CORPORATIONS

OF 12 APR II AMII: 13

MILKA TRADING 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 ______ and assigned Florida document number ______L12000014243 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 end with 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) 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 City

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

<u>Title</u>	Name	Address	Type of Action
MGRM	FREDERIC HENRY	14705 SW 63 CT CORAL GABLES FL 33158	Add Remove
			Add Remove
(Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	any other information, enter change(s	here: (Attach additional sheets, if necessary.)	SECRE DIVISION (12 APR
			FILEL RETARY OF SI NOF CORPOR R I J AM II
			RATIONS II:13
Dated	April 4 2012	authorized representative of a member	
. 2	Typed or	HARD HENRY printed name of signee Page 2 of 2	