

L120000069105

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MILKON USA, LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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JAN 19 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILKON USA, 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:

LEZHINKIN, VLADISLAV

Name of Person

MILKON USA, LLC

Firm/Company

900 N FEDERAL HWY, STE 306

Address

HALLANDALE, FL 33009

City/State and Zip Code

v282@yandex.ru

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

For further information concerning this matter, please call:

LEZHINKIN, VLADISLAV

Name of Person

305 987-5483

at (_____) _____
Area Code Daytime Telephone Number

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 DEPARTMENT OF STATE
 TALLHASSEE, FL 32303

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILKON USA, 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 05/22/2012 and assigned Florida document number 112000069105

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

LEZHINKIN, VLADISLAV

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.

Vladilav Lezhinkin

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	LEZHINKIN, VLADISLAV	900 N. Federal Highway Suite 306	<input type="checkbox"/> Add
		Hollandale Beach, FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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