

L13000035988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

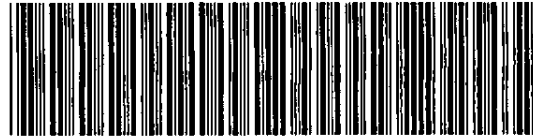
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2013

B. KOHR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camering Finance, 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:

MUROFF, MILESTONE AND MILESTONE
ATTORNEYS AT LAW
CONCORDE CENTRE II, SUITE 709
2999 NORTHEAST 191ST STREET
AVENTURA, FLORIDA 33180

Name of Person

Firm/Company

Address

City/State and Zip Code

jan@mmmtitle.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jan Milestone

Name of Person

at (305) 682-2324

Area Code & Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Camering Finance, LLC

Page 1 of 3

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:

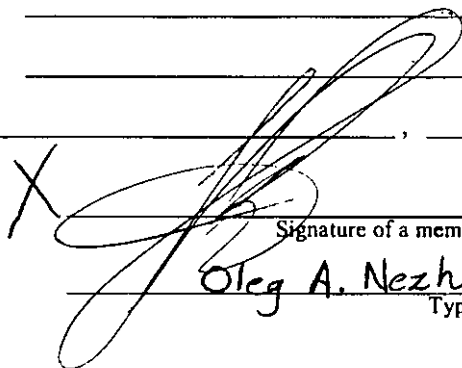
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Oleg ANezhivoi	18201 Collins Avenue, #4507	☐ Add
		Sunny Isles Beach, FL 33160	☐ Remove
MGR	Tatiana Pavlova-Buchilin	2370 NE 213 th Terrace	☒ Add
		Miami, FL 33180	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

Stays the same as before

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

Dated _____, _____

X 

Signature of a member or authorized representative of a member

Oleg A. Nezhivoi

Typed or printed name of signee

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Filing Fee: \$25.00