L13000035988

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Camering Fina Name of Limit	nce, LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		N. CO	ALL SECTION AND ADDRESS OF THE PARTY OF THE
MUROFF, MIL	ESTONE AND MILESTONE TORNEYS AT LAW	Name of Person	R 25
C ONCORD 2 999 NOI	E CENTRE II, SUITE 709 RTHEAST 191st STREET JRA, FLORIDA 33180	Firm/Company	FER. FLORE
		Address	P
	jan@mmm E-mail address: (10	City/State and Zip Code Hite. com o be used for future annual report notificati	on)
For further information co	oncerning this matter, please ca	all:	
Jan Mile Name of	8 to ne Person	at (<u>305) (682 - 238</u> Area Code & Daytime Te	e 4 dephone Number
Enclosed is a check for th	e 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camering Finan	ce, LLC	PO D	
Camering Finand (Name of the Limited Liability Co (A Florida Limi	mpany as it now a	ippears on our records.	
The Articles of Organization for this Limited Liability Comp	pany were filed or	n = 3/1/2013 meand assigned.	
Florida document number <u>L 13000035988</u>		F. 56	
This amendment is submitted to amend the following:		D .	
A. If amending name, enter the new name of the limited	liability compan	ny here:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability C	Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	•	Enter Florida street address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent's	<u>gent:</u>		
I hereby accept the appointment as registered agent and	agree to act in t	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 of 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>	Address	Type of Action
MGRM_	Oleg ANezhivoi	18201 Collins Avenue, #4507	_ Add Stay
		18201 Collins Avenue, #4507 Sunny Isles Beach, FL 33160	Remove same
MGR	<u>Tatiana Pavlova-Buchi</u> lin	2370 NE 213# Terrace	\int Add
		Miami, FL 33180	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Х	
/	Signature of a member or authorized representative of a member
	Oleg A. Nezhivoi
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00