## L12000059541

(R	equestor's Name)	
(A	ddress)	
(A <sub>1</sub>	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





500236032235

06/08/12--01005--029 \*\*25.00

FILED
2012 JUN -8 PM 1: 11
SECRETARY OF STATE

J. BRYAN

JUN 11 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	. NET	FRATE, LLC	•,	
SUBJECT:		ited Liability Company		
,		,		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:	ES E T	
	PAVEL TRUBETSKOY SR			
		Name of Person		
		NETFRATE, LLC		
		Firm/Company	Figure	
	1501 VENERA	AVE, SUITE 320 A PARK	PLACE II	
	,	Address	•	
	CO	RAL GABLES, FL 33146		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	ication)	
For further information	concerning this matter, please	call:		
PAVEL	TRUBETSKOY SR	at (_ 305 )_	669-5005	
Name	of Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## NETFRATE

( <u>Name of the Limited L</u> (A F	iability Company as it now appears on ou lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number L120000595		7 2, 2012 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
	NETFRATE, LLC	,
The new name must be distinguishable and end with "L.L.C."	he words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		برين بالوروسية والمساور والمراب
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, <u>enter the name of the new</u>
Name of New Registered Agent:	·	
New Registered Office Address:		
<del></del>	Enter Flor	ida street address
		_, Florida
	City	Zin 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:

<u>Na</u>	me	<u>Add</u>	ress		Type of
					THE STATE OF
· —				•	Add
					Remove
		·		•	Add Remove
					<del></del>
					. Add
					Remove
		•			
_					AddRemove
	•				
•					∏Add
<del></del>			**		Remove
	٠.				****
_	y other information, enter cl		•		iry.)
PLEASE	E ALSO UPDATE RECO	RDS TO IN	ICLUDE FEDERA	AL EIN OF	
20-1162	.020.		•	<del></del>	
	<u>.</u>				
				V	
			~ 1 /h	1	<del></del>
	II INE 5	2012	\\ \		
	JUNE 5 , _	2012	1 / 1	W.	
	Signature of a me	ember or autho	orized representative of BETSKOY SR	a member	

Page 2 of 2

Filing Fee: \$25.00