

L14 0000 11450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

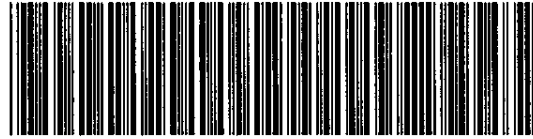
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900256248199

02/03/14--01020--003 \*\*25.00

FILED  
2014 FEB -3 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan FEB 18 2014

## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT:

*Prudent Investments, 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:

*Dennis Klemming*

Name of Person

Firm/Company

*1900 Purdy Avenue, Apt 2087*

Address

*Miami Beach, FL 33139*

City/State and Zip Code

*klemming1 @ GMAIL.COM*

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

For further information concerning this matter, please call:

*Dennis Klemming*

Name of Person

at *(305) 764-9400*

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2014

DENNIS KLEMMING  
1900 PURDY AVENUE  
APT. 2007  
MIAMI BEACH, FL 33139

SUBJECT: PRUDENT INVESTIMENTOS LLC  
Ref. Number: L14000011450

We have received your document for PRUDENT INVESTIMENTOS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 614A00002647

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2014 FEB -3 PM 3:10

Prudent Inwestimentos, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 Jan 15 and assigned  
Florida document number L-14000011450

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*

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.*

If Changing Registered Agent, Signature of New Registered Agent

Authorizing the Managers of Authorized Member on our records, please list the name, title, and address of each manager, if of  
Authorized Member 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>  |
|-------------------|---|--|--|
| <u>MGR</u>        | <u>Yakov Gitman</u>                       | <u>1111 Kane Con Course</u><br><u>518 Bay Harbor Islands Miami, FL 33154</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>AMBR</u>       | <u>Roman Faizulin</u>                     | <u>1111 Kane Con Course</u><br><u>518 Bay Harbor Islands Miami, FL 33154</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>AMBR</u>       | <u>Dennis Klemming</u>                    | <u>1900 Purdy Av, Apt 2007</u><br><u>MB FL 33139</u>                         | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>MGR</u>        | <u>Dennis Klemming</u>                    | <u>1900 Purdy Av, Apt 2007</u><br><u>MB, FL 33139</u>                        | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>          </u> | <u>                                  </u> | <u>                                  </u>                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| <u>          </u> | <u>                                  </u> | <u>                                  </u>                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

E. Effective date, if other than the date of filing: 2/3/14 the (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Jan 30, 2014

*Deanna Williams*

Signature of a member or authorized representative of a member

Typed or printed name of signee

Please use the date of receipt  
as indicated above 2/3/14. Regards

Page 3 of 3

Filing Fee: \$25.00

*Deanna Williams*

FILED  
2014 FEB -3 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA