

| (Requestor's Name) | |
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| PICK-UP WAIT MAI | L |
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| (Business Entity Name) | |
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| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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G. MCLEOD

MAY 27 2011 EXAMINER



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05/26/11--01003--004 **25.00

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: BARYA INVESTMENT 2, 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: |
| Name of Person Nautilus Legal Services, P.A. Firm/Company 8700 W Flagler Street, Suite 160 Address Migmi, FL 33174 City/State and Zip Code glood ner @ nautilus legal, com F-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (305) 514 - 0600 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BARUH INVESTME | NT 2, L | LC | | |
|---|------------------------------|-----------------------------|----------------|-----------|
| (Name of the Limited Liability Com (A Florida Limite | | 's on our records.) | | |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L 110000 2 3 30 2</u> . | any were filed on <u>Ø</u> | 7/24/2011 | and assign | ned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | iability company her | <u>e</u> : | | |
| The new name must be distinguishable and end with the words "L "L.L.C." | imited Liability Compa | ny," the designation "L | LC" or the abb | reviation |
| Enter new principal offices address, if applicable: | | | 学 派 コ | |
| (Principai office address MUST BE A STREET ADDRESS) | <u></u> | | ACC B | 4 |
| | | | 17 2 AS | manage. |
| | | | ## 12 | m |
| Enter new mailing address, if applicable: | | | 70 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 82 - | |
| • | | | N N | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | our records, <u>enter t</u> | he name of t | he new |
| 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|--|----------------|
| Wern | Baruh Investment, | 8700 W Flagler St. Suite 160 Miami, FL 33174 | Add Remove |
| <u>MGRM</u> | Batuh Investment Holding, UC | 8700 W Flagler St. Suite 160 Migmi, FL 33174 | Add Remove |
| | | | Add Remove |
| | <u></u> | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ing any other information, enter change | e(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | - |
| Dated | Tay 24 , 29 | <u> </u> | _ |
| | Signature of a member Barah Tchir | or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00