L130000 58478

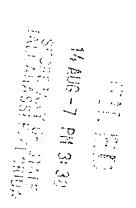
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COVER LETTER

TO:

Registration Section
Division of Corporations

_{T.} P.U.R.E. INVESTMENTS GROUP, LLC

SUBJECT:

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:

PYRINOVA, OLGA

Name of Person

P.U.R.E. INVESTMENTS GROUP, LLC

Firm/Company

2424 SUGARLOAF LN

Address

FORT LAUDERDALE, FL 33312

City/State and Zip Code

olga.pyrinova@gmail.com

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

For further information concerning this matter, please call:

PYRINOVA, OLGA

_{../}954、740-7094

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P.U.R.E. INVESTMENTS GROUP, LLC

(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 L Florida document number L13000058478	iability Company	were filed on 04/22/20)13	and as	ssigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
RUSSIAN AMERICAN ESTATES HO	DLDINGS LLC				
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation	on "LLC" or th	e abbreviation	"L.L.C."
Enter new principal offices address, if applie	cable:	2424 SUGARLOAF LN	FORT LAL	JDERDALE,	FL 33312
(Principal office address MUST BE A STREE	ET ADDRESS)			·····	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and		2424 SUGARLOAF LN			
registered agent and/or the new registered o					
Name of New Registered Agent:	OLGA, PYF	RINOVA			
New Registered Office Address:	2424 SUG	ARLOAF LN		50 T	reserve
		Enter Florida street	address		÷ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	FORT LAU	DERDALE	, Florida	33312 	
	_	City		Zip Code	2
New Registered Agent's Signature, if changing	Registered Agent:				
I have by accept the appointment as register.	ed agent and our	ee to act in this canacit	v I further a	coree to con	anly with the

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u> Citle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
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ectiv	date, if other than the date of filing:
fectiv	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
fectivate th	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
fectivate th	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00