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TALLAHASSEE (17)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: But a Investment 6 Name of Limited Liability Co	YOUP, LUC
· I	
The enclosed Articles of Amendment and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the following	g:
Eldar Dade	
Name of	rerson
Buta Investin	rent Group, LLC
2 South Biscay	ne Blvd suite 3740
Miami FL 3 City/State and	33131
eldar @	hutalia com
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please call:	ļ
Eldar Dodashov an 30	
Name of Person Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 F \\ Certificate of Status Certified (additional)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Tallahassee, FL 32314	2661 Executive Center Circle
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rula Investiner	H GK	OUP, LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it nov Liability Co	v appears on our records.) mpany)
	1	
The Articles of Organization for this Limited Liability Company	were file	$1 \text{ on } \underline{08/05/2013}$ and assigned
Florida document number <u>L13000110736</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility comp	l <u>pany here</u> :
·		
The new name must be distinguishable and contain the words "Limited Liab	ility Compan	x," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		→ D-0·
(Principal office data ess WOST BE A STREET ADDRESS)		8
		2 72
		h light
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	1	•
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ess on our records, enter the name of the new
registered agent and/or the new registered office address ner	<u></u> .	1
Name of Mary Desintantal Against		
Name of New Registered Agent:		
New Registered Office Address:		
	P:	nter Florida street address
	<u> </u>	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	r performa provided f	ince of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is
If Cha	nging Regist	tered Agent, Signature of New Registered Agent

Page 1 of 3

If ameno	ding Authorized Person(s	s) authorized to man	age, <u>enter the tit</u>	le, name, and address of each p	person being added
or remo MGR =	ved from our records: Manager				
AMBR = <u>Title</u>	Authorized Member Name		Address		Type of Action
	HAS Capita	1 Solutions,"	c 2 Sauth	Biscayne Blud.	_ _ Add
			Suite 37	40 MiamiFL33130	Remove
					Change
					🗆 Add
					Remove
					□ Add
				<u> </u>	_□ Remove
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). If amending any other information, enter o	change(s) here: (Attach additional si	neets, if necessary.)		
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. Effective date, if other than the date of filin (If an effective date is listed, the date must be specific an Note: If the date inserted in this block does not document's effective date on the Department of	d cannot be prior to d meet the applicable				
the record specifies a delayed effective on the sound is filed to the record is filed.		n effective time,	at 12:01 a.m. or	the earlie	r of:
Dated December 28	. 2017				
Signature of a	member or authorize	representative of a mo	ember		
Dar	Typed or printed in	lesias			
	ryped or printed h	ame of signee			
	Page 3 b	of 3			

Filing Fee: \$25.00