(Re	questor's Name)	
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COVER LETTER

Negastration S Division of Co				
SUBJECT: PU	tter Investme	ent Group. U	c.	
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following.		
	<u>Aluson H</u>	Name of Person		
		INVISTMENT Firm/Company	broup, uc	
	4745 SV+	ton Park ct	Ste 805	
	Jacksonull	e Fl 32221	1	gof no
	aburnse v	City/State and Zip Code d Of Florida. to be used for future annual	report notification)	2015 HAY 26
For further information of	concerning this matter, please e	all:		26
Auison	H. BUINS	904,0	192 6468 Daytime Telephone Number	HAY 26 PH 3: 08
Name o	f Person	Area Code	Daytime Telephone Number	8 0
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy		ing Fee, e of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUT-LUR (Name of the Limite		M CIROUP, ny as it now appears on o iability Company)		 -		
The Articles of Organization for this Limited Lie Florida document number 140000	ibility Company			and assi	gned	
This amendment is submitted to amend the follo	wing:				J	
A. If amending name, enter the new name of Na The new name must be distinguishable and contain the wo			tion "I I C" or the ab	braviation 19 1	C"	
Enter new principal offices address, if applica		n/a		<u>.</u>	.o.	
(Principal office address MUST BE A STREET	(ADDRESS)			32	23 5	
				<u> </u>	- 	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	8 <i>0X</i>)	nla			Y 26 F	
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered of ice address here	fice address on our	records, enter	the name o	Che ne	A SERVICE
Name of New Registered Agent:	·Gunste	r, Yoanley.	& Stewa	ut, P.A	<u> -</u>	
New Registered Office Address:	one ent	UPIISE, 225 V Enter Florida str	vater st.	#1750		
		Enter Florida str ONUILL City	eet address , Florida	3220°		
ST Provide and A court off. According to		•		-		

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** ☐ Add _□ Remove ☐ Change .□ Add ☐ Remove _□ Change ₹ 0 A 488 Remove, ___ Arabi ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove MIa ☐ Change

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