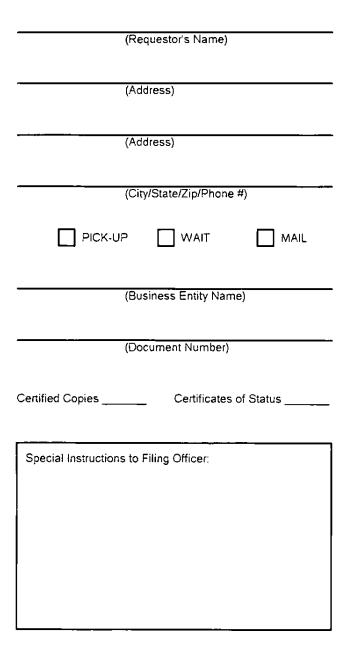
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Butter Ca	apital Investments LLC		
	Name of Lim	ited Liability Company	<del></del>
		onto difficiality	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Ray Butler		
	- Nay Buildi	Name of Person	<del></del> .
		Firm/Company	<del></del>
	407 Lincoln	Rd Ste 6H, PMB315	
		Address	
	Miami Be	ach, FL 33139	
	•	City/State and Zip Code	
	raybutler.	c@gmail.com	<del></del>
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Bryanna Butler		at (_251)644-5539	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		<u>Street Address:</u> Registration Sc	ction
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	-
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Butler Capital Investments LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000380117</u> .	were filed on August 14, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Butler Acquisitions LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation 3"L.L.C."
Enter new principal offices address, if applicable:	407 Lincoln Rd STE 6H, PMB315	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	<del></del>
Enter new mailing address, if applicable:	407 Lincoln Rd STE 6H, PMB315	ب
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33139	§7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		

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:

MCD -	Manager	
31()IX =	Manager	
AMIRD =	Authorized Member	
ASTIDIN -	- Mathorized Stelliner	

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
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		□Change	
		□Add	
			Remove
			□Change

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>
(If an effective - <u>Note:</u> If the	ate, if other than the date of filing:
ne record spec ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated0	4/10/2024
	RAGINITIES.
_	Signature of a member or authorized representative of a member
	Ray Butler
-	Typed or printed name of signee

Filing Fee: \$25.00