L13000110736

(Re	questor's Name)	
(Ad	dress)	,
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(Cit	y/State/Zip/Phone #/)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<u> </u>
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ruta Investment Group, 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:
Eldar Dadashov Name of Person
Buta Investment Group, LUC
100 Biscappe Blud Juite 2110
Miami FL 33132 City/State and Zip Code
E-mail address: (to be used for future about a report notification)
For further information concerning this matter, please call:
Eldar Dadashov at (305) 299-7446 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\frac{1}{2}}\$\$ \$30.00 Filing Fee & \$\Bigcup \text{\$\frac{1}{2}}\$\$ \$55.00 Filing Fee & \$\Bigcup \text{\$\frac{1}{2}}\$\$ \$60.00 Filing Fee, \$\Bigcup \text{\$\frac{1}{2}}\$\$ \$Certificate of Status & \$\Bigcup \text{\$\frac{1}{2}}\$\$ \$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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Investment Group

(A FI	orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number L1300011073	ty Company were filed on $08/05/2013$ and assigned 30 .
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	100 Biscayne Bwd. = FE
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	100 Biscayne Bivd. 7 55 Smite 2110 Soite 2110
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	00 Biscayne Blvd. Suite 2110 Enter Florida street address
	Miami , Florida 33/32 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 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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record specifies a d			t an effective t	ime, at 12:01 a	.m. on the earl	lier o
The 90th day after t	he record is fi	iled.				
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Page 3 of 3

Filing Fee: \$25.00