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(Business Entity Name)

(Document Number)

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FALLS CHURCH, VA
CLERK OF COURT

D. BRUCE
JUN 04 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUTA RESORTS 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:

ENRICO RUTA
Name of Person

RUTA RESORTS LLC
Firm/Company

4670 LINKS VILLAGE DR # A402
Address

PONCE INLET FL 32127
City/State and Zip Code

ENRICO-RUTA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENRICO RUTA at (407) 342 1994
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 APR 19 AM 7:09

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PUTA RESORTS 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 Liability Company were filed on July 1, 2015 and assigned Florida document number L1500011508

This amendment is submitted to amend the following:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

STEPHANIE PUTA

New Registered Office Address:

4670 LINKS VILLAGE DR # A402

Enter Florida street address

PONCE INLET, Florida 32127

City

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.

Stephanie Puta

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	STEPHANIE BUTA	4670 LINS VILLAGE DR	☒ Add
		# A402	☐ Remove
		PONCE INLET, FLORIDA	☐ Change
		32127	☐ Add
			☐ Remove
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			☐ Change

221 APR 19 21 7:08
 WALTON COUNTY
 CLERK OF COURT

STILLMAN, S.
ALLMAN, S.

2021 APR 19 AM 7:09
SHELTON, CT
TOLL FREE

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 15, 2021

 Signature of a member or authorized representative of a member

ENRICO IZUTA
Typed or printed name of signee