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10/13/09--01029--028 **25.00



COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Ruby To Jest Ments, U.C. 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:							
Name of Person							
Firm/Company							
1741 NE 48th CT Address							
FCA Laudendir F2 33334 City/State and Zip/eode							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person at (954-540-56574) Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$							

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
09 OCT 13 AM ID: 12

Ruby Investments	LLC TALLARY OF STATE						
Ruby Lnuest ments LLC IALIAHASSEE. FLORIDA (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 we Florida document number	ere filed on $4/30/3007$ and assigned						
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 end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation						
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:	Delia (nume change)						
New Registered Office Address:	Enter Florida street address						
	Florida						
	, Florida City Zip Code						
New Registered Agent's Signature, if changing Registered Agent:							
I hereby accept the appointment as registered agent and agree							

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Ma	naging Membe	r			
<u>Title</u>	<u>Name</u>		Address		Type of Action GME CHOSE
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D. If amendi	ng any other in	formation, enter chang	e(s) here: (Attach additi	onal sheets, if necessary.,	
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Dated	1016) , <u>O</u>	<u></u>		ILED 13 AM 10: 12 14FY OF STATE ASSEE FLORID.
-	- So	Signature of a member	or authorized representative	•	<u>></u>
-		icri De	or printed name of signee	. 🚗	ecrer

Page 2 of 2

Filing Fee: \$25.00