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(Requestor's Name)

(Address)

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☐ PICK-UP

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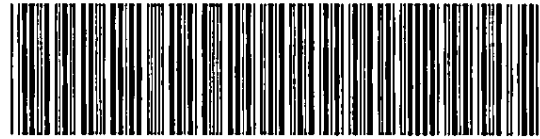
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/30/17--01016--024 **25.00

2017 OCT 30 PM 1:58
10/30/17

K. SALY
OCT 31 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ruby Hill 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:

Michael Blickensderfer

Name of Person

Blick Law Firm

Firm/Company

3812 Gunn Highway

Address

Tampa, FL 33618

City/State and Zip Code

michael@blicklawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Blickensderfer

813

931-0840

at ()

Name of Person

Area Code

Daytime Telephone Number

See Attached POA as well —

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/COURIER ADDRESS:

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

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

Ruby Hill Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 OCT 30 PM 1:58
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/19/2013 and assigned
Florida document number L13000026417.

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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>
MGR	Michael Blickensderfer	3812 Gunn Highway, Tampa, FL 33618	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2017/01/03

2017年3月18日

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 27 2017

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Michael C. Blickensderfer

Typed or printed name of signee



DURABLE POWER OF ATTORNEY

**WARNING TO PERSON EXECUTING THIS DOCUMENT - THE POWERS YOU GRANT
BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME DISABLED OR
INCOMPETENT**

CAUTION: This is an important legal document and upon proper execution will create a Durable Power of Attorney. This gives the person whom you designate as your agent broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you.

These powers will continue to exist even if you become disabled or incompetent. You do have the right to terminate or revoke the Power of Attorney and any or all powers granted within at any time up to the point of your incapacity.

This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy (also known as a health care or medical power of attorney) to do this.

If there is anything about this document that you do not understand, you should ask a lawyer to explain it to you.

THIS DURABLE POWER OF ATTORNEY for financial management is given by me, Hatice Serbest obo Ruby Hill Group, LLC (the "Principal"), presently of 17888 67th Ct N, Loxzahatchee, in the State of Florida, on this 5th day of ~~September~~^{October}, 2017.

Nature of Power

1. This durable Power of Attorney is not terminated by subsequent incapacity of the Principal except as provided in chapter 709, Florida Statutes.

Previous Power of Attorney

2. I REVOKE any previous durable power of attorney granted by me.

Agent

3. I APPOINT Michael C. Blickensderfer, of 3812 Gunn Highway, Tampa, Florida, to act as my Agent.

Governing Law

4. This document will be governed by the laws of the State of Florida. Further, my Agent is directed to act in accordance with the laws of the State of Florida at any time he or she may be acting on my behalf.

Liability of Agent

5. My Agent will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

Effective Date

6. This Power of Attorney will start immediately and will continue notwithstanding a finding of my mental incapacity or mental infirmity which may occur after my execution of this Power of Attorney.

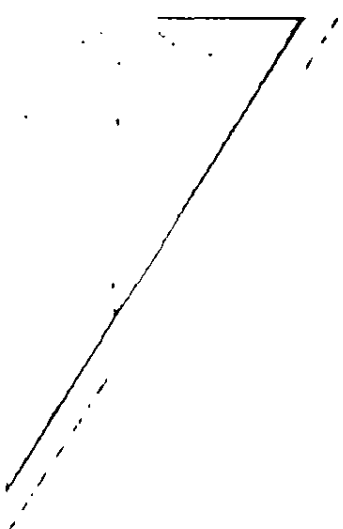
Powers of Agent

7. My Agent will have the following power(s):

Initials

X___ Real Estate Transactions

- a. To deal with any interest I may have in real property and sign all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:

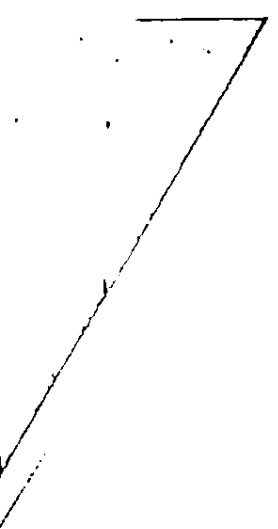
- 
- i. Purchase, sell, exchange, accept as gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein; and
 - ii. Execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

X___ Maintain Property and Make Investments

- b. To retain any assets owned by me at the date this Durable Power of Attorney becomes effective, and the power to reinvest those assets in similar investments. In addition, my Agent may invest my assets in any new investments, of his or her choosing, regardless of whether or not they are authorized by any applicable legislation.

X___ Banking Transactions

- c. To do any act that I can do through an agent with a bank or other financial institution. This power includes, but is not limited to, the power to:

- 
- i. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions;
 - ii. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity;
 - iii. Borrow money from any banking or financial institution if deemed necessary by my Agent, and to manage all aspects of the loan process, including the placement of security and the negotiation of terms;
 - iv. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities;
 - v. Have access to any safe deposit box that I might own, including its contents; and
 - vi. Create and deliver any financial statements necessary to or from any bank or financial institution.

X___ Business Operating Transactions

- d. To take any action my Agent deems necessary with any business that I may own or have an interest in by doing any act which can be done through an agent. This power includes, but is not limited to, the power to execute, seal and deliver any instrument; participate in any legal business of any kind; execute partnership agreements and amendments; to incorporate, reorganize, consolidate, merge, sell, or dissolve any business; to elect or employ officers, directors and agents; and to exercise voting rights with respect to any stock I may own, either in person or by proxy.

X___ Claims and Litigation Matters

- e. To institute, maintain, defend, compromise, arbitrate or otherwise dispose of, any and all actions, suits, attachments or other legal proceedings for or against me. This power includes, but is not limited to, the power to: appear on my behalf, and the power to settle any claim against me in whichever forum or manner my Agent deems prudent, and to receive or pay any resulting settlement.

Agent Compensation

8. My Agent will be compensated as follows:

- a. My Agent will be reimbursed for all out of pocket expenses associated with the carrying out of my wishes; and as agreed between the Agent and Principal.

Co-owning of Assets and Mixing of Funds

9. My Agent may not mix any funds owned by him or her in with my funds and all assets should remain separately owned if at all possible.

Personal Gain from Managing My Affairs

10. My Agent is not allowed to personally gain from any transaction he or she may complete on my behalf.

Delegation of Authority

11. My Agent may not delegate any authority granted under this document.

Agent Restrictions

12. This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

Notice to Third Parties

13. Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of my Agent as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the Principal or to the Principal's heirs, assigns, or estate as a result of permitting the Agent to exercise the authority granted by this Power of Attorney up to the point of revocation of this Power of Attorney.

Revocation of this Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

Severability

14. If any part of any provision of this document is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this document.

Acknowledgment

15. I, **Hatice Serbest obo Ruby Hill Group, LLC**, being the Principal named in this Durable Power of Attorney hereby acknowledge:

- a. I have read and understand the nature and effect of this Durable Power of Attorney;
- b. I recognize that this document gives my Agent broad powers over my assets, and that these powers will continue past the point of my incapacity;
- c. I am of legal age in the State of Florida to grant a Durable Power of Attorney; and
- d. I am voluntarily giving this Durable Power of Attorney and recognize that the powers given in this document will become effective as of the date of my incapacity or as specified within.

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of Ankara in the Turkey, this 5th day of September, 2017.
October

SIGNED, SEALED, AND DELIVERED

in the presence of:

Witness: _____ (Sign)



Witness Name: _____

Address: _____

Witness: _____ (Sign)

Witness Name: _____

Address: _____

Hatice Serbest obo Ruby Hill Group, LLC
(Principal)

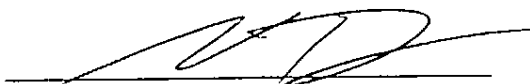
NOTARY ACKNOWLEDGMENT

STATE OF _____
Republic of Turkey)
Province of Ankara)
City of Ankara)ss
Embassy of the United
States of America)

COUNTY OF _____

The foregoing instrument was acknowledged before me this on the 5th day of October, 2017, by
Hatice Serbest obo Ruby Hill Group, LLC, who is personally known to me or who has produced
US PPT # as identification.

477078943



Notary Public
Norman R. Pflanz
Vice Consul
The United States of America

(print name)

ACCEPTANCE OF APPOINTMENT

STATE OF: FLORIDA

COUNTY OF: Hillsborough

Before me, the undersigned authority, personally appeared Michael C. Blickensderfer ("Affiant"), who swore or affirmed that:

1. Affiant is the agent named in the Durable Power of Attorney executed by Hatice Serbest obo Ruby Hill Group, LLC ("Principal") on this 5th day of ~~September~~ October, 2017.
2. This Durable Power of Attorney is currently exercisable by Affiant. The Principal is domiciled in Loxzahatchee, Florida.
3. To the best of the Affiant's knowledge after diligent search and inquiry:
 - a. The Principal is not deceased; and
 - b. There has been no revocation, partial or complete termination by the occurrence of an event referenced in the durable power of attorney, or suspension by initiation of proceedings to determine incapacity or to appoint a guardian.
4. Affiant agrees not to exercise any powers granted by the Durable Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death of the Principal.

Dated: Oct 19, 2017

Name of Affiant: Michael C. Blickensderfer

Signature of Affiant: [Signature]

Address: 3812 GUNN HWY, TAMPA, FL 33618

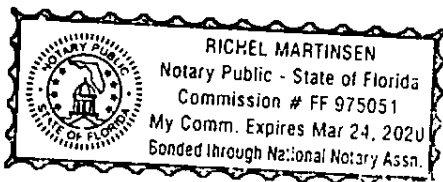
Sworn to (or affirmed) and subscribed before me this 19th day of October, 2017, by Michael C. Blickensderfer. (Affiant)

Signature of Notary Public-State of Florida)

Richel Martensen

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification _____ (Type of Identification)





CONSENT TO ACTION WITHOUT MEETING OF THE SOLE DIRECTOR

Written consent to action without meeting of the sole director of Ruby Hill Group, LLC (the "Entity") dated this 5th day of ~~September~~ October, 2017.

BACKGROUND:

- A. The Entity is a Limited Liability Company organized and operating under the laws of the State of Florida.
- B. The Entity wishes to open an account with a certain financial institution.

IT WAS RESOLVED THAT:

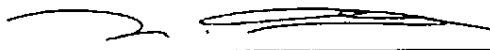
1. The Entity is authorized to open a business/ custodial account (the "Account") with Bank of America (the "Institution") and the following company agent (the "Designated Signer") is authorized to sign for and on behalf of the Corporation any and all checks, drafts or other orders with respect to funds of the Corporation in this Account:

Michael C. Blickensderfer.

The Designated Signer is authorized to transact any and all other business with the Institution deemed by the Designated Signer to be reasonable and advisable except the borrowing of money or the obtaining of credit in any form or the use of any of the assets of the Entity as any type of security or collateral. The Secretary of the Entity is directed to communicate this authority and the relevant signatures to the Institution, and to ensure proper enforcement of this resolution.

2. Any one officer or member of the Entity is authorized to sign all documents and perform such acts as may be necessary or desirable to give effect to the above resolution.

Dated on the 5th day of ~~September~~ October, 2017. .



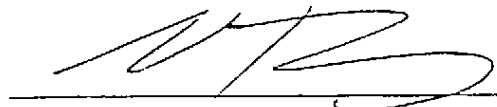
Hatice Serbest (Signature)

NOTARY ACKNOWLEDGMENT

STATE OF Republic of Turkey)
Province of Ankara)
City of Ankara) ss
Embassy of the United
States of America)
COUNTY OF _____

The foregoing instrument was acknowledged before me this on the 5th October day of ~~September~~, 2017, by
Hatice Serbest obo Ruby Hill Group, LLC, who is personally known to me or who has produced
US PPT # as identification.

477078943



Notary Public
Norman R. Pflanz
Vice Consul
The United States of America

(print name)

Florida Department of State

DIVISION OF CORPORATIONS

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /**Detail by Entity Name**

Florida Limited Liability Company
RUBY HILL GROUP LLC

Filing Information

Document Number	L13000026417
FEI/EIN Number	46-2040074
Date Filed	02/19/2013
Effective Date	02/15/2013
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	09/30/2013
Event Effective Date	NONE

Principal Address

17888 67TH CT N
LOXZAHATCHEE, FL 33470

Changed: 09/30/2013

Mailing Address

17888 67TH CT N
LOXZAHATCHEE, FL 33470

Changed: 09/30/2013

Registered Agent Name & Address

INCorp SERVICES, INC.
17888 67TH COURT N.
LOXAHATCHEE, FL 33470

Name Changed: 05/14/2013

Address Changed: 05/14/2013

Authorized Person(s) Detail**Name & Address**

Title MGRM

SERBEST, HATICE

3812 GUNN HIGHWAY
Michael C. Blickensderfer
TAMPA, FL 33618

Annual Reports

Report Year	Filed Date
2015	03/19/2015
2016	03/27/2016
2017	04/30/2017

Document Images

<u>04/30/2017 -- ANNUAL REPORT</u>	View image in PDF format
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<u>05/14/2013 -- Reg. Agent Change</u>	View image in PDF format
<u>02/19/2013 -- Florida Limited Liability</u>	View image in PDF format