epartment of State

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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000217761 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA300000023 Phone : (850)222-1092 Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RUBY LAKE SHOPPES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

-----SEP 1 7 2014

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Ruby Lake Shoppes LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and foc(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Gary Ralston

Name of Person

Saunders Raiston Dantzler Realty

Firm/Company

114 N. Tennessee Ave., 3rd Floor

Address

Lakeland, FL 33801

City/State and Zip Code

Gary@SRDCommercial.com

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

For further information concerning this matter, please call:

Ruth Remenar

.,313,525-6962

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

S55.00 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 Tellahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	office address her	ffice address on our records, enter s: inessee Ave., 3rd Floor Enter Florida street address	the name of the ne
registered agent and/or the new registered of New Registered Agent:	office address her	G :	the name of the ne
existered agent and/or the new registered o	l/or registered o office address her	ffice address on our records, <u>enter</u> E:	the name of the ne
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered o Mice address her	ffice address on our records, <u>enter</u> E	the name of the ne
		Lakeland, FL 33801	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3rd Floor	
		114 N. Tennessee Ave.	
			13.75 T. T.
		Lakeland, FL 33801	
(Principal office address MUST BE A STREET ADDRESS)		3rd Floor	2020 -
Enter new principal offices address, if appli	cable:	114 N. Tennessee Ave.	基图 名
The new name must be distinguishable and end with the	words "Limited Link	offity Company," the designation "LLC" or the	abbreviation "L.L.C."
Lake Ruby Shoppes LLC			
A. If amending name, enter the new name o	of the limited lish	ility company here:	
This amendment is submitted to amend the fol	lowing;		
Florida document number L14000144350	·		
The Articles of Organization for this Limited 1	Liability Company	were filed on September 16, 2014	4 and assigned
		inv as it now appears on our records.) Liability Company)	

If Changing Registered Agent, Shunsture of New Registered Agent

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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 Hability

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address Type of Action Title Name **Gary Raiston** 114 N. Tennessee Ave. MGR 3rd Floor Remove Lakeland, FL 33803 114 N. Tennessee Ave. Dean P. Saunders MGR 3rd Floor Lakeland, FL 33803 114 N. Tennessee Ave. **MGR Gary Raiston** 3rd Floor □ Remove Lakeland, FL 33801 Dean P. Saunders 114 N. Tennessee Ave. MGR 3rd Floor □ Remove Lakeland, FL 33801 □ Remove ☐ Remove

Page 2 of 3

).	If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)
<u>.</u>	Effective date, if other than the date of filing: (Optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated September 16 2014
	Signature of a member or sutherized representative of a member
	Ruth Remenar, Organizer Typed or printed name of signer

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Filing Fee: \$25.00

SECRETAGE SELECTION OF THE PARTY OF THE PART