## 117000045503

(Red	questor's Name)	
(Add	ress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
•	•	,
(Doc	cument Number)	
(23)	,	
Certified Copies	Certificate	e of Statue
Certified Copies	_ Certificates	3 Of Otalus
Special Instructions to F	Filing Officer:	
		•
		j

Office Use Only



900297548699

04/06/17--01012--003 \*\*25.00

APR 0 7 2017 S. YOUNG 17 APR -6 PM 2: 58

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Ruby Retiren	nent Investment, LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Liyuan Woerner	
		Name of Person	
	F	ei & Woerner CPAs PLLC	
		Firm/Company	
		9063 Dancy Tree Ct.	Pů.
		Address	<b>1</b>
		Orlando, FL 32836	cation)
		City/State and Zip Code	6 55
	· · · · · · · · · · · · · · · · · · ·	liyuan.woerner@gmail.com	
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	<b>5</b>
Liyuan	Woerner	407 267-3031	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ S30.00 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

	etirement Inve		
( <u>Name of the Limited L</u> (A F	iability Compa lorida Limited I	ny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liabil	ity Company	were filed on <u>02/27/2017</u>	and assigned
Florida document number L17000045503	<del></del> •		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
NA			
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<b>::</b>	NA	<b>₩</b>
(Principal office address MUST BE A STREET A			5
			77
		,	7 SERVE
Enter new mailing address, if applicable:		NA	2 100
(Mailing address MAY BE A POST OFFICE BOX	<b>(</b> )		2
The state of the s	<del>-2</del> /-		S 65
B. If amending the registered agent and/or	registered of	ffice address on our records,	enter the name of the new
registered agent and/or the new registered office	address her	<u>e</u> :	
Name of New Registered Agent:	JA		
New Registered Office Address:			
		Enter Florida street address	
		. Floi	rida
<u>-</u>		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>	Address	Type of Action
MGR	Fouad Ashdji	3339 HWY 17 SO	■ Add
		Green Cove Springs, FL 32043	□ Remove
			□ Change
			Add
			□ Remove
			Change
		OAdds. Zog	
			□ Remære
			Change Tie
			Change 75 50 50 50 50 50 50 50 50 50 50 50 50 50
		<del></del>	Remove
			☐ Change
		☐ Remove	
		☐ Change	
			Add
			☐ Remove
			□ Change

	NA
•	
•	
	<b>*</b>
	APR-6
	<b>7</b> .
	UN SOME
	<b>~</b>
fec	tive date, if other than the date of filing:
an ef	Tective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
o ro	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	e 90th day after the record is filed.
	(1) 21,0
ated	41/3/17
	Signature of a member or authorized representative of a member
	signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00