L19000247024

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COVER LETTER

то:	Registration Se Division of Con			·
		NTS RIDGEWOOD ATT LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Piease r	eturn ail corresp	ondence concerning this matter	to the following:	
		WALLIS ADAMS PAYN	E PETERSON	
			Name of Person	
		RUBY RENTS SEAPORT	`175 LLC	
			Firm/Company	
		1941 NW 36 STREET		
			Address	
		OAKLAND PARK, FL 33	309	<u></u>
			City/State and Zip Code	
		Rubyrents @gmail.com	to be used for future annual report	notification)
				nouncation)
For furt	her information	concerning this matter, please c	all:	
WALL	IS ADAMS PAY	YNE PETERSON	954 777-487 at ()	
	Name	of Person	Area Code Da	ytime Telephone Number
Enclose	ed is a check for	the following amount:		
□ \$25	5.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUBY RENTS RIDGEWOOD ATT LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000247024	were filed on 10/01/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
RUBY RENTS SEAPORT 175 LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1941 NW 36 STREET	
(Principal office address MUST BE A STREET ADDRESS)	OAKLAND PARK, FL 33309	
		(;
Enter new mailing address, if applicable:	1941 NW 36 STREET	70071 AUG 2
(Mailing address MAY BE A POST OFFICE BOX)	OAKLAND PARK, FL 33309	0
		SEE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name orthe new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remov	ved from our records.	
MGR =	Manager	
AMBR =	= Authorized Member	

<u>Title</u>	Name	Address	Type of Action
		<u> </u>	□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Pemove

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Note: If	e date, if other than the date of filing: (optional)
	Decifies a delayed effective date, but not on offeriors in the con-
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	JGUST 17 2021 Available Color of the 90th day after the
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Filing Fee: \$25.00