L21000007253

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2021 FEB -1 PH 12: 55

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Ruby M	LAX LLC	
	Name of Lim	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	T.)	Name of Person	
		Name of Person	
	Ruh	Firm/Company	
		, .	-
	3296 N	M 17) rd terrice	
		Address	
	Minn: Ga	City/State and Zip Code V 76 (5) ychoo o be used for future annual report noti	56
	tolors	City/State and Zip Code	(-> ^m
	E-mail address: (t	o be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	ill:	
Thoko	low Jr	at (3 6 5) 3 / 8 Daytim	-172 o
Name of	Person	Area Code Daytim	ic Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fec	☑\$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1,0154		
(<u>Name of the Lim</u>	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I	Liability Company were filed on 12/29/2020 and a 57253.	ssigned
his amendment is submitted to amend the following	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he 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 appli	licable:	
Principal office address MUST BE A STRE	EET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	
3. If amending the registered agent and/or agent and/or the new registered office addr		ew regist
Name of New Registered Agent:	7. to K. Olow Ja	
New Registered Office Address:	3290 NV 177rd krisce 1	
	Tito K. Olows Jr. 3290 NV 177rd kerrace. 1 Enter Florida street address Mina: Gardins Florida 7320. City Zip Gode	5-6
	City . Zip Code - Cr	?

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	Evelyn J Olow	53 1300 Suit Charles	P19 SE
		□ 6 6 2 0	□Remove
		Pembrule Pines, Fl 3302	<u>6</u> □Change
MGR	Keting Olowo	2026 Benisle Circle	
		Palm Beach Guidens, FL	Remove
		33418	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□ Change

. u amen _	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	·
(If an effect Note: If	e date, if other than the date of filing:
the record : cord is filed	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
Dated	January 27th 2021
	Signature of a member or authorized representative of a member
	Tito K. Olowo Typed or printed name of signee