

L21 000292481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

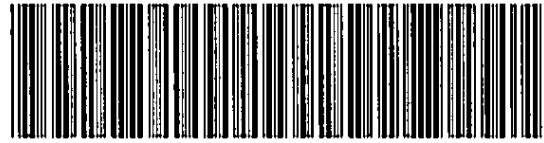
(Document Number)

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*Received  
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08/13/12*



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FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 AUG 12 PM 4:09

July 23, 2021

RUBY ANDERSON  
5314 RIDGECREST AVE  
JACKSONVILLE, FL 32207 US

SUBJECT: RUBY'S HIDDEN IMAGES, LLC  
Ref. Number: L21000292481

We have received your document for RUBY'S HIDDEN IMAGES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to remove a registered agent, you must add a new registered agent on to the amendment and have the sign the acceptance in the highlighted area.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham  
OPS

Letter Number: 021A00017227

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CD

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RUBY'S HIDDEN IMAGES  
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:

Ruby Anderson  
Name of Person

RUBY'S HIDDEN IMAGES  
Firm/Company

5314 Ridgecrest Ave  
Address

Jacksonville FL 32207  
City/State and Zip Code

andersonruby003@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruby Anderson at (540) 429-5781  
Name of Person Area Code Daytime Telephone Number

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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

RUBY'S HIDDEN IMAGES

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

The Articles of Organization for this Limited Liability Company were filed on June 24, 2021 and assigned Florida document number L 21000292481

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:

Ruby Anderson

New Registered Office Address:

5314 Ridgcrest Ave

Enter Florida street address

Jacksonville

City

Florida

32207

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.*

Ruby Anderson

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>
AMER	INIC AUTHORITY	390 NORTH ORLAND AVE, STE 2300-N ORLANDO, FL 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
owner	Ruby Anderson	5314 Ridgecrest Ave Jacksonville FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Ruby Anderson is 100% owner of  
RUBY'S HIDDEN IMAGES LLC

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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 \_\_\_\_\_

Ruby Anderson  
Signature of a member or authorized representative of a member

Ruby Anderson  
Typed or printed name of signee

FILED  
AUG 11 2011  
MICHIGAN