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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

K. SALY EXAMINER OCT 15 2013 Jose Nunez, Jr. 460 13<sup>th</sup> St. SW Naples, FL 34117 239-370-9008

TO: Registration S Division of Co		,	
	Realty & Development	of Naples, LLC.	
SUBJECT:	Name of Limit	ted Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	,
	Jose Nunez, Jr.		
		Name of Person	<del></del>
	Imperial Realty & De	evelopment of Naples, LLC.	
		Firm/Company	
	460 13th St. SW		
		Address	
	Naples, FL 34117		
	jnunezjr@gmail.com	City/State and Zip Code	<del></del>
	E-mail address: (t	o be used for future annual report notificat	ion)
For further information	concerning this matter, please ca	all:	
Jose Nunez, Jr.		239 370-9008	
Name (	of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for t	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION **OF**

0	F		13 007 15 PM 4: 02
Imperial Realty & Development of Naples	s, LLC.		Server 15 PH L. a.
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now Liability Com	appears on our recor pany)	LAHASSEE, FLORIE
The Articles of Organization for this Limited Liability Company Florida document number	were filed o	on	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab NUÑEZ CONSTRUCTION GROUP, LLC	oility compa	nv here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability	Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	No	Change	
(Principal office address MUST BE A STREET ADDRESS)		<i>0</i>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		Change	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida str	eet address
		, Flor	ida
	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 608, 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

## MGR = Manager MGRM = Managing Member

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

	<i>(</i> )
•	•
Dated _	
	Signature of a member or authorized representative of a member
	Jose Nunez, Jv.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00