

# L15000160745

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

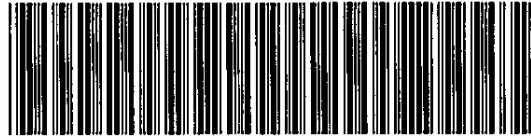
*/* \_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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N. Gulligan OCT -2 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TWIN RIVERS REALTY, LLC  
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:

RHONDA L. WEATHERSPOON  
Name of Person  
TWIN RIVERS REALTY, LLC  
Firm/Company  
1438 RED APPLE LANE  
Address  
WEST PALM BEACH, FL 33415  
City/State and Zip Code  
TWINRIVERSRTY@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RHONDA WEATHERSPOON at (678) 760 2647  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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TWIN RIVERS REALTY, LLC

(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 22 SEPTEMBER 2015 and assigned Florida document number L15000160745.

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)**

254 DATURA STREET

SUITE 205

WEST PALM BEACH, FL 33401

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	RHONDA L. WEATHERSPOON	1438 RED APPLE LANE,	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHURN STAMPS	925 PEACHTREE STREET	<input type="checkbox"/> Add
		ATLANTA, GA 30309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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SECRETARY OF STATE  
MONTANA

E. Effective date, if other than the date of filing: 28 SEPTEMBER 2015 (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 28 SEPTEMBER, 2015

Signature of a member or authorized representative of a member

RHONDA L. WEATHERSPOON

Typed or printed name of signee