LIOCCO 16398

(Req	uestor's Name)	
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(City/	/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Nu	nez Real G	State & Develo	ppment CCC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	J ₀₅	e Nunez	
		Name of Person	
		Firm/Company	
	460	13th St. Si	<u> </u>
	Nop	Address Address City/State and Zip Code	?
	E-mail address: (se @ Dunez. biz to be used for future annual report notif	lication)
For further information of	concerning this matter, please ca		
Jose	Nune 2	at (239) 370 Area Code Daytime	- 9008
		, treat code 17 ayunk	receptance ranner
Enclosed is a check for t	he 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

Nunez Real Estat	a & Development.	LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1600016398</u> .	vere filed on 1/25/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>		
Terrapin River LLC The new name must be distinguishable and contain the words "Limited Liability".		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	e abbreviating "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7 5
		32
		9
Enter new mailing address, if applicable:	7-161	5
(Mailing address MAY BE A POST OFFICE BOX)		`` `
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		er the name of the new
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Nuez Jr	460 13h St. SW, Ng	eo, Flo Add
			Remove
			Add
			Remove
			Change
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fective date if atl	er than the date of filing:	(optional)	
an effective date is liste	d, the date must be specific and cannot be prior to date of filir	ng or more than 90 days after filing.) Pursuant to	605.020
	ted in this block does not meet the applicable statutor; late on the Department of State's records.	y thing requirements, this date will not be	listed a:
record specifie The 90th day af	s a delayed effective date, but not an effect er the record is filed.	tive time, at 12:01 a.m. on the ea	arlier o
$\frac{5}{2}$	4/18		
	/1 1 777/1/		

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Typed or printed name of signee

Filing Fee: \$25.00