## 1600006516

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SECRETARY OF STATE TALLAHASSEE, TLORIDA

APR 14 2016 S. YOUNG

## **COVER LETTER**

Division of Con					
Cowart 780					
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Theodore M. Burt				
		Name of Person	· • · · · · · · · · · · · · · · · · · ·		
	Theodore M. Burt, Esq.				
		Firm/Company			
	Post Office Box 308			16	TAT SE
		Address		ĀPI	CRE ARD
	Trenton, Florida 32693			APR 13	1757 1758 1758 1758 1758 1758 1758 1758
		City/State and Zip Code			E SE
	burt@svic.net  E-mail address: (	to be used for future annual report notifi	cation)	PM 12: 24	FI STA
For further information of	oncerning this matter, please ca			24.	<u></u> 57
Theodore M. Burt		352 463-2348			
Name o	f Person		Telephone Number		
Enclosed is a check for the	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 Sta Certified Copy (additional copy is en	itus &	
	ING ADDRESS:	STREET/COURIE Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cowart 780, LLC		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L16000066516	ty Company were filed on April 4, 2016	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, <u>enter the new name of the</u>	-	
Cowart 708, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable		16 ALL
(Principal office address MUST BE A STREET A <u>l</u>	DDRESS)	PR H
		PA TIP
Enter new mailing address, if applicable:		ET LOS PH 12:
(Mailing address MAY BE A POST OFFICE BOX	0	2 di
	···	<u>``</u> `
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, enter saddress here:	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

MGR = MAMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			منرفه
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	to 605.020 e listed a	)7 (3)(b is the
	ecord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the $\epsilon$ e 90th day after the record is filed.	earlier o	of:
Date	April , 2016		
	Supa n Burt		

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Typed or printed name of signee

Filing Fee: \$25.00