## 17000140630

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S. WARREN AUG 1 7 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	716 PALME	TTO LLC		
3()1 <b>3</b> (1)		Name of Limi	ted Liability Company	
The enc	closed Articles of A	tmendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspon	idence concerning this matter t	to the following:	
		CLAUDIA LISTOPAD		
			Name of Person	
			Firm/Company	
		341 RIO VILLA BOULEV	/ARD	
			Address	
		INDIALANTIC, FLORIDA	A 32903	
			City/State and Zip Code	
		clistopad@appliedecologyin		
			o be used for future annual report notifi	cation)
For furt	her information co	ncerning this matter, please ca	III:	
CLAU	DIA LISTOPAD		at () 848-1272 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
<b>■</b> \$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

716 PALMETTO 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  $\frac{06/28/2017}{}$ and assigned Florida document number L17000140630 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 716 PALMETTO, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address City

## 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>	Address	Type of Action
мGR	CLAUDIA M. LISTOPAD	341 RIO VILLA BOULEVARD	Add
		INDIALANTIC, FLORIDA 32903	☐ Remove
			Change
MGR	WILLIAM J. PATON	グタイプ 毎 RIO VILLA BOULEVARD	Add
		INDIALANTIC, FLORIDA 32903	Remove
			☐ Change
	<del> </del>		Add
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