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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : RICHARD D. SABA
	Account Number : 070540000565
	Phone : (941)952-0990
~	Fax Number : (941)954-0361
. Log	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **
ASSEE	Email Address:geomanian@aol.com
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
28	672 D.I.R., LLC

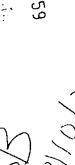
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## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 9031	Part of the second
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	672 D.I.R., L			<u> </u>
(Name of the Limit	d Liability Comps	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed onJa	nuary 7, 2021	and assigned
Florida document numberL21000005189	·			
This amendment is submitted to amend the follo	wing:			
•				
A. If amending name, enter the new name of	the limited liab	ility company he	<u>'e</u> :	
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	6000 S Tamian	i Trail, Sarasota, FL	14231
(Principal office address MUST BE A STREE	T ADDRESS)		· · ·	<u> </u>
Enter new mailing address, if applicable:	•	6000 S Tamiam	Trail, Sarasota, FL 3	4231
(Mailing address MAY BE A POST OFFICE	ROX)			
(Matting dutiess MAT BE AT OUR GARTOE	<del></del>			
B. If amending the registered agent and/or r	anistaved office	address on our re	cords, enter the na	ne of the new registered
agent and/or the new registered office addre	is here:	200103701174117	<u> </u>	
	<del></del>			
Name of New Registered Agent:	Name of New Registered Agent: Richard D. Saba, Esq.			
New Registered Office Address:	2033 Main St	treet Suite 400		
The Megistered Office Addiess.		Enter Flor	da street address	<del></del>
	Sarasota		, Florida _	34237
	<del></del>	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> Yitle</u>	Name	Address	Type of Action
MGR	M. Robin Smith	1321 Oak Point Ct, Venice, FL 34292	☐Add
	·		= Remove
			Change
MGR	George C. Manooshian, Jr.	6000 S Tamiami Trail, Sarasota, FL 34231	<b>≅</b> Add ·
			□Remove
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			□Add
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot  If the date inserted in this block does not meet the specific and cannot in the date of the date on the Department of State's	ot be prior to date one applicable stat	filing or more th	(option	filing.) Pursua	int to 605.0 of be liste
ord specifies a delayed effective date, but not an effiled.	fective time, at 1	2:01 a.m. on th	e earlier of: (b	) The 90th	day after
d August 9, 200	21				
· · · · · · · · · · · · · · · · · · ·					
Richard	O. Adla				
Signature of a member	or authorized rep	oresentative of a	nember		<del></del>

Filing Fee: \$25.00