

L210003631713189

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000363171 3)))



H210003631713ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6363

From: Account Name : RICHARD D. SABA
Account Number : 070540000565
Phone : (941)952-0990
Fax Number : (941)954-0361

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: geomanian@aol.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT -6 PM 2:49

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
672 D.I.R., LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

OCT - 7 2021

S. PRATHER

2021 OCT -6 PM 3:42

TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

672 D.I.R., LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

2021 OCT -6 PM 2:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

The Articles of Organization for this Limited Liability Company were filed on January 7, 2021 and amended Florida document number L21000005189

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

1321 Oak Point Ct, Venice, FL 34292

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1321 Oak Point Ct, Venice, FL 34292

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

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	George C. Manooshian, Jr.	6000 S Tamiami Trail	<input type="checkbox"/> Add
		Sarasota, FL 34231	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	M. Robin Smith	1321 Oak Point Court	<input checked="" type="checkbox"/> Add
		Venice, FL 34292	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.

E. Effective date, if other than the date of filing: _____ (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 September 28 2021

Handwritten signature of George C. Mancoshian, Jr.

Signature of a member or authorized representative of a member

George C. Mancoshian, Jr.

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT -6 PM 2:49

FILED

Filing Fee: \$25.00