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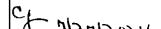




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2024 23 7.1 8: 34



COVER LETTER

Tallahassee, FL 32314

	Registration So Division of Co			
, SUBJEC		mouth LLC		
SOBJEC	·'·	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Peggy Manasakis & Gus M	Ailonakis	
			Name of Person	
		1746 Dartmouth LLC		
			Firm/Company	
		1789 Stuyvesant Avenue		
			Address	
		Merrick NY 11566		
			City/State and Zip Code	
		kmstone3@aol.com		
			to be used for future annual report not	ification)
For further	er information of	concerning this matter, please co	all:	
Peggy M	anasakis		516 2860702 at ()	
	Name c	of Person		ne Telephone Number
Enclosed	is a check for t	he following amount:		
	00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	or rang rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration : Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 CTT, **2**3 CTT 8: 34

1746 Dartmouth LLC		40.04
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
he Articles of Organization for this Limited I	.iability Company were filed on	6/26/2024 and assigned
orida document number 1.24000291043		
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	te designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	
	·	· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
. If amending the registered agent and/or gent and/or the new registered office addro		r records, enter the name of the new regis
cheandron the new registered office addro	ess nere.	
Name of New Registered Agent:	Peggy Manasakis	
New Registered Office Address:	1746 Dartmouth	
	Enter i	Florida street address
	holiday	Florida 34690
	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	Gus Milonakis	1789 Stuyvesant Avenue	∃ Add
		Merrick NY 11566	□Remove
			☐Change
MGR	Peggy Manasakis	1789 Stuyvesant Avenue	■Add
		Merrick NY 11566	_
			□Change
			□ Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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			□Remove
			□Change

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Peggy Manasakis / Gus Milonakis	Peggy Manasakis / Gus Milonakis			Typed or printed	name of signee		_

Filing Fee: \$25.00