

L140000 81752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

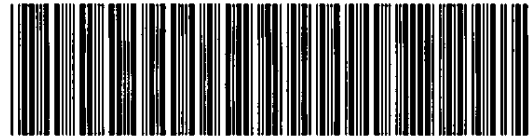
(Business Entity Name)

(Document Number)

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14 JUL 28 AM 11:12
SOUTH CAROLINA
COLUMBIA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IRISH INSURANCE GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENNETH J. BRANNIGAN
Name of Person

Firm/Company

36408 US Hwy 19 N.
Address

PAUM HARBOR, FL. 34684
City/State and Zip Code

KEN @ SENIOR HEALTH CARE SOLUTIONS.
E-mail address: (to be used for future annual report notification) .COM

For further information concerning this matter, please call:

KEN BRANNIGAN at (727) 798-0308
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

IRISH INSURANCE GROUP, 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 5/20/14 and assigned Florida document number 424000081752

This amendment is submitted to amend the following:

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

IRISH INSURANCE GROUP, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

30408 US HWY 19 N.
PALM HARBOR, FL. 34684

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:

KENNETH BRANNIGAN

New Registered Office Address:

30408 US HWY 19 N.

Enter Florida street address

PALM HARBOR, Florida 34684

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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 | MEGAN BRANNIGAN | 1437 PENNSYLVANIA AVE | <input type="checkbox"/> Add |
| | | PORT HARBOR, FL. 34083 | <input checked="" type="checkbox"/> Remove |
| MGR | KEN BRANNIGAN | 36408 US HWY 19 N. | <input type="checkbox"/> Add |
| | | PORT HARBOR, FL. 34084 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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 PORT HARBOR, FL. 34083

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated ~~March~~ July 23, 2014

M. Brannigan / Ken
Signature of a member or authorized representative of a member
MEGAN BRANNIGAN / KEN BRANNIGAN
Typed or printed name of signee

14 JUL 20 AM 11:12
STATE OF FLORIDA
DEPARTMENT OF STATE