

L0200000 5057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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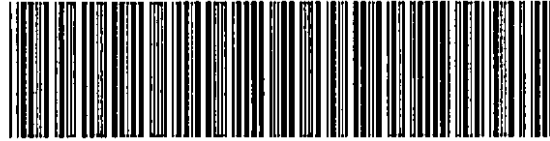
(Business Entity Name)

(Document Number)

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2021 NOV 18 AM 11:25
CLERK OF STATE
BUTLER COUNTY, PA

A. BUTLER

DEC 12 2021

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: EIRE HERITAGE 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:

MARK SPILLANE

Name of Person

THE EIRE COMPANIES INC.

Firm/Company

4181 NW 1ST AVE STE 4

Address

BOCA RATON, FL 33431

City/State and Zip Code

MARK@EIRECOS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK SPILLANE 561 866-3100
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EIRE HERITAGE LLC

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

FILED
2021 NOV 18 AM 11:26

The Articles of Organization for this Limited Liability Company were filed on 03-04-2002 and assigned
Florida document number L02000005057

This amendment is submitted to amend the following:

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

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:

4181 NW 1ST AVE STE 4

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON FL 33431

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:

4181 NW 1ST AVE STE 4

Enter Florida street address

BOCA RATON

Florida 33431

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	MARK D SPILLANE		<input type="checkbox"/> Add
		PO BOX 218 BOCA RATON FL 33429	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THE FIRE COMPANIES INC.	4181 NW 1ST AVE STE 4 BOCA RATON FL 33431	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

11/05/2021

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.

Dated NOVEMBER 5TH 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MARK D SPILLANE

Typed or printed name of signee

Filing Fee: \$25.00