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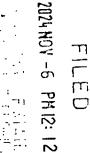
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### **COVER LETTER**

	gistration Sec vision of Corp			·	
		lly's Irish Pub and Resturant L	LC	<b>55.</b> 1	
SUBJECT:		Name of Limi	ted Lisbility Company		
The enclosed	1 Articles of A	mendment and fee(s) are subt	nitted for filing.		
Please return	all correspon	dence concerning this matter (	to the following:		
	•	Lori Ann Maldony			
			Name of Person		
		Accounting Services of CF	L, Inc.		
			Firm/Company		
		1631 Charlemagne Court			
			Address		<del></del>
		Winter Gurden, FL 34787			
			City/State and Zip Code		<del></del>
		lori@cflaservices.com			
		E-mail address: (t	o be used for future annual rep	port notification)	
For further in	nformation co	scerning this matter, please ca	il:		
Lori Ann Ma	aldony		407 925-4	1689	
	Name of I	Person	Area Code	Daytime Telephone N	umber
Enclosed is a	check for the	following amount:			
<b>■ \$25.00</b> }	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cen ed) Cen	.00 Filing Fee, rtificate of Status & rtified Copy ditional 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

2024 NOV-6 PH 12: 12

Hagan O'Reilly's trish Pub & Resturant LLC

(Name of the Limited Limit

The Articles of Organization for this Limited Liability Company Florida document number L07000041197	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	allity company here:		
The new name must be distinguishable and contain the words "Limited Liebi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	16112 Marsh Road #401		
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, FL 3478	7	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>c</u>	nter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Plorida street address		
		. Florida	
	City	Zip Code	

#### New Registered Agent's Signature, if changing Resistered 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 amending Authorized Person(s) authorized to manage, enter the 190s, name, and address of each norms, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Luis Salanar	16112 March Road	
		Winter Gerden, PL 34787	Remove
MGR	George W Hall, Jr	16112 Marsh Road	Made
		Winter Garden, FL 34787	#Remove
		<del></del>	Change
MGR	Richard Processes	16112 Marsh Road	(Made)
		Wister Garden, Fl. 34787	ØRamove
			DChange
MGR	Devid B Miller	119 E Muriel St	
		Winter Garden, FL 32806	Remove
			DAdd
		,	DRemove
			OAdd
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change

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fan effective de <u>Note:</u> If the d	ete is fisted, the date:	naast be specific s s block does no	and compot be prior it meet the applic	to date of tung or t able statutory fili	nore than 90 days aft	er filing.) Pursuant to 600 is date will not be list	5.0207 and as
e record speci rd is filed.	fics a delayed offe	ctive date, but r	not an effective t	ime, at 12:01 a.m.	on the earlier of: (	b) The 90th day afte	ar the
Octobe	r 22,		2024				
	DMA.	lder	13				
~		Signature of	a member or auth	orized representativ	e of a member		

Filing Fee: \$25.00