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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FINLEY'S IRISH PUB + EATERY, 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:
JOHN G. UPCHURCH
(Name of Person)
(Firm/Company)
13477 S. BELCHER RX
13477 S. BELCHER RD
LARGO, FL. 33771
(City/State and Zip Code)
For further information concerning this matter, please call:
TOHN UP CHURCH at (727) 535-7858 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy

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

FINLEYS IRISH PUB + EATERY, 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 Liabilit	y Company were filed on	12-07-0	7 and assig		
Florida document number <u>L0700012</u>	2004		80	SEVIO	
This amendment is submitted to amend the following	<u>-</u>		JAN 28	SION OF CI	
A. If amending name, enter the new name of the	limited liability company he	ere:	PH 3: 30	ED OF STATE DRPGRATIO	
The new name must be distinguishable and end with the "L.L,C."	words "Limited Liability Comp	pany," the designation	'LLC" or the ab	br ev iation	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		our records, <u>enter</u>	the name of	the new	
New Registered Office Address:	(Enter Florida street address)				
	, , , , , , , , , , , , , , , , , , ,				
	(City)	, Florida _	(Zip Code	·/	
New Registered Agent's Signature, if changing Regist	tered Agent:				
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	r and complete performanc ed agent as provided for in (tered office address, I herel	e of my duties, and . Chapter 608, F.S. O	I am familiar i r, if this docur	with and nent is	
	(If Changing Registered A	gent Signature of New	Registered Agen	<u>(1)</u>	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title | Name **Address** JOHN VINCENT HENDRICK II 1050 PONCE DE LEUN BIVD BELLEAIR, FL. 33756 Remove Add ☐ Remove Add Remove Remove ___Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member

JOHN G. OPCHURCH

Page 2 of 2

Filing Fee: \$25.00