## L09000014179

(Re	equestor's Name)	
(100	,questor s riame)	
(Ád	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
, (Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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B. KOHR

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**EXAMINER** 

## COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CCT:	Simpl	y Irish, LLC	
	<u> </u>	Name of Limit	ed Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			Leslie Cummins	10 HAR 26 AH 11:21
			Name of Person	25 000
			Simply Irish, LLC	H. ROCK
			Firm/Company	ا نا ا
		1391 N\	1391 NW ST LUCIE W BLVD - 341	
			Address	
PC		POF	RT ST LUCIE FL 34986	
			City/State and Zip Code	<del></del>
		50 \e50's	simplyirishgifts.com  o be used for future annual report notifica	tion)
For fur	ther information co	oncerning this matter, please co	•	
	Les	lie Cummins	at ( 561 ) 8	89-7968
	Name of	Person	Area Code & Daytime T	elephone Number
Enclose	ed is a check for th	e 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)
		ING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply Iri	sh, LLC		* The state of the
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appear iability Company)	on our records.)	MA 26
The Articles of Organization for this Limited Liability Company Florida document numberL09000014179	were filed on	2/11/2009	and assigned and
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	<u>:</u>	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Compar	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	1391 NW ST	LUCIE W BLVD	- 341
(Principal office address MUST BE A STREET ADDRESS)	PORT ST LUC	CIE FL 34986	and the second s
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		ur records, <u>enter t</u>	he name of the new
New Registered Office Address:			
	Ent	er Florida street ada	lress
		, Florida	
	City		Zin 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 608, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Patricia A Beechler	906 SW ST LUCIE W BLVD - 341 PORT ST LUCIE FL 34986	Add Remove
MGR_	Leslie M Cummins	1391 NW ST LUCIE W BLVD - 341 PORT ST LUCIE FL 34986	Add Remove
MGR	Roger A Cummins	1391 NW ST LUCIE W BLVD - 341 PORT ST LUCIE FL 34986	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)	<del></del>
			_
			<del></del>
Dated	March		
	PA	Budler	
	Signature o	of a member or authorized representative of a member Patricia A Beechler	
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

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Filing Fee: \$25.00