

**L 09000054592**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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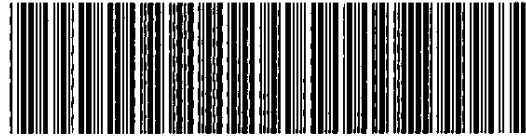
(Business Entity Name)

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2011 OCT -6 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
OCT 7 2011  
EXAMINER

LAW OFFICES  
**ADAMS, ROTHSTEIN & SIEGEL, P.A.**

**SIMON D. ROTHSTEIN**  
**SETH L. ROTHSTEIN**  
**LIANA ROTHSTEIN HOOD**

**JOHN R. ADAMS (1889-1969)**  
**A. H. ROTHSTEIN (1906-1985)**  
**EDWARD SIEGEL (RETIRED)**

**4417 BEACH BOULEVARD, SUITE 104**  
**JACKSONVILLE, FLORIDA 32207**  
**PHONE (904) 398-1419**  
**FAX (904) 398-1395**

October 5, 2011

**VIA UPS OVERNIGHT DELIVERY**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Irish American Club #1 "LLC"**

Dear Ladies and Gentlemen:

Enclosed are the Cover Letter and the Articles of Amendment to Articles of Organization of Irish American Club #1 "LLC".

A \$55.00 check payable to the Secretary of State, Division of Corporations is enclosed for the Filing Fee and Certified Copy of the Articles of Amendment to Articles of Organization of Irish American Club #1 "LLC".

Please return the Certified Copy of the filed Articles of Organization to me in the self-addressed prepaid UPS envelope enclosed for your convenience.

If you have any questions, please do not hesitate to call.

Sincerely,

Adams, Rothstein, & Siegel

*Liana R. Hood*

Liana Rothstein Hood

LRH/blf  
Enclosures  
cc. Mr. and Mrs. Walter Crum with Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Irish American Club #1 "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:

Fay Crum

Name of Person

Firm/Company

1050 Cathy Tripp Lane

Address

Jacksonville, Florida 32220

City/State and Zip Code

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

For further information concerning this matter, please call:

Fay Crum

Name of Person

at ( 904 )

388-3756

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 American Club #1 "LLC"**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/5/2009 and assigned Florida document number L09000054592.

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 end with the words "Limited Liability 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)

1050 Cathy Tripp Lane

Jacksonville, Florida 32220

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1050 Cathy Tripp Lane

Jacksonville, Florida 32220

**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:

Fay Crum

New Registered Office Address:

1050 Cathy Tripp Lane

*Enter Florida street address*

Jacksonville

Florida

32220

*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 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.*

*\* Fay Crum*  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	William H. Johnson, Jr.	5321 Carder Street Jacksonville Florida 32205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jennifer H. Johnson	5301 Lenox Avenue Jacksonville Florida 32205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Fay Crum	1050 Cathy Tripp Lane Jacksonville Florida 32220	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 4, 2011

x Fay Crum  
Signature of a member or authorized representative of a member

Fay Crum

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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