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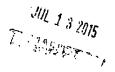
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## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction porations				
		FIGHTING	G IRISH I, LLC			
SUBJE	ECT:	Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			Eric A. Jacobs, Esq.			
Name of Person						
			Firm/Company			
		169	01 Michigan Avenue, Suite	360		
			Address	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
		Miami Beach, FL 33139				
			City/State and Zip Code			
mrodriguez@cleartitlegroup.com						
E-mail address: (to be used for future annual report notification)						
For fur	ther information c	oncerning this matter, please ca	ill:			
Eric A	Jacobs, Esq.		305	695-2699		
	Name o	f Person	at () Area Code	Daytime Telephone Number		
Enclos	ed is a check for th	ne following amount:				
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$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**

	G IRISH I, LLC		
( <u>Name of the Limited Liability Co</u> r (A Florida Limit	npany as it now appears ( ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for Organization for the Articles of Organization for the Organization for the Articles of Organization for the		06/19/2013	and assigned
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	ignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
Principal office address MUST BE A STREET ADDRESS	2		SECRIA
Enter new mailing address, if applicable:			TARY O
Mailing address MAY BE A POST OFFICE BOX)			FLORIE S
			<b>▽</b>
3. If amending the registered agent and/or registered registered agent and/or the new registered office address	<u>here</u> :		the name of the
	<u>here</u> :	our records, <u>enter</u> Group, LLC	the name of the
egistered agent and/or the new registered office address	Clear Title	Group, LLC Avenue, Suite 360	r the name of the
<u>Name of New Registered Agent:</u>	Clear Title	Group, LLC	the name of the

I hereby accept the appointment as registered agent and agree to act in this capacity. If parther 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Type of Action Name **Address** \_□ Add ☐ Remove \_ Change \_□ Add \_□ Remove \_□ Change ☐ Remove \_\_\_\_\_ Change □ Add 냜 \_□ Remove \_□ Change \_□ Add \_□ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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_		
_		
***		
-		
Note: 1 docume	the date, if other than the date of filing:	d as the
Dated_	7/8/2015	
	7 SE TALE	
	Signature of a member or authorized representative of a member	
	Christopher Kearney	PERCHAPI
	Typed or printed name of signee	
	FISTA :	
	Page 3 of 3	F-

Filing Fee: \$25.00