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JUL 1 3 2015 T. STANGETTON

COVER LETTER

	gistration Sec vision of Corp			
		FIGHTING	G IRISH III, LLC	
SUBJECT:		Name of Limi	ited Liability Company	<u> </u>
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	ndence concerning this matter	to the following:	
			Eric A. Jacobs, Esq.	
			Name of Person	
			Clear Title Group, LLC	
			Firm/Company	
		169	91 Michigan Avenue, Suite 360	
Address				
			Miami Beach, FL 33139	
			City/State and Zip Code	
			rodriguez@cleartitlegroup.com to be used for future annual report no	liffration)
For further i	nformation co	oncerning this matter, please ca		inteations
Eric A Jaco	bs, Esq.		305 at ()	695-2699
	Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is	a check for th	ne 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:

TO:

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

	GHTING IRISH III, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Torida document number	Company were filed on	06/20/2013	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>e</u> :	15 J
The new name must be distinguishable and contain the words "LEINTER NEW PRINCIPAL OFFICE ADDITIONAL OF		signation "LLC" or the	TARSEE.
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			II: 51 FLORIDA
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	ldress here:		r the name of the
Name of New Registered Agent:	Clear Title Group, LLC		
New Registered Office Address:		Avenue, Suite 360	
	Enter Florid	da street address	
	Miami Beach	, Florida _	
	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 approvided 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action _□ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change _ Add ☐ Remove _□ Change _□ Add ☐ Remove □ Change ORIU Change □ Add ☐ Remove

☐ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Note:	tive date, if other than the date of filing:	5.0207 (3)(b) ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	7/8/2015	
	ALLA	55 JUI
	Signature of a member or authorized representative of a member Christopher Kearney	
	Typed or printed name of signce	至二:5
	Page 3 of 3	5

Filing Fee: \$25.00

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