## L13000008861

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SECRETARY OF STATE

T. PAMPION

## **COVER LETTER**

TO:	Registration Sec Division of Cor			
CUDI	eor.	FIGHTIN	G IRISH IV, LLC	
SUBJI	sc1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			Eric A. Jacobs, Esq.	
Name of Person				
Clear Title Group, LLC				
Firm/Company				
1691 Michigan Avenue, Suite 360				
Address				1 20117
			Miami Beach, FL 33139	
			City/State and Zip Code	
			rodriguez@cleartitlegroup.com	
			to be used for future annual report	notification)
For fur	ther information co	oncerning this matter, please ca	all:	
Eric A	Jacobs, Esq.		305 at ( )	695-2699
	Name of	Person	Area Code Da	lytime Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>=</b> \$2	5.00 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

	G IRISH IV, LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document numberL13000088801	any were filed on	06/20/2013	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>ē</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	ignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		TALL SEC
Enter new mailing address, if applicable:			ASSESSED A
(Mailing address MAY BE A POST OFFICE BOX)			70 = 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the new
Name of New Registered Agent:	Clear Title Group, LLC		
New Registered Office Address:	1691 Michigan	Avenue, Suite 360	
	Enter Florid	la street address	
	Miami Beach	, Florida	33139
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			Change
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			Remove
			SECHETARIO Add AM I
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Note:	five date, if other than the date of filing:	(3)( he
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	
The	90th day after the record is filed.	
	90th day after the record is filed.	and the second

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Filing Fee: \$25.00