

| (Re                     | questor's Name)   |           |
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| (Cit                    | y/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | e)        |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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SECRETARY OF STATE
TARE TARES.

## **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor |                                                 |                                                                     |                                                                                            |
|-----------|------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJEC    | Fighting Iri                       | sh V, LLC                                       |                                                                     |                                                                                            |
| SOBJE     | U1:                                | Name of Lim                                     | tited Liability Company                                             |                                                                                            |
| The encl  | losed Articles of                  | Amendment and fee(s) are sub                    | omitted for filing.                                                 |                                                                                            |
| Please re | eturn all correspo                 | ondence concerning this matter                  | to the following:                                                   |                                                                                            |
|           |                                    | Christopher Keamey                              |                                                                     |                                                                                            |
|           |                                    |                                                 | Name of Person                                                      |                                                                                            |
|           |                                    | Fighting Irish V, LLC                           |                                                                     |                                                                                            |
|           |                                    |                                                 | Firm/Company                                                        |                                                                                            |
|           |                                    | 79 Orchard Hill Road                            |                                                                     |                                                                                            |
|           |                                    | · ·                                             | Address                                                             |                                                                                            |
|           |                                    | Carmel NY 10512                                 |                                                                     |                                                                                            |
|           |                                    |                                                 | City/State and Zip Code                                             | <del></del>                                                                                |
|           |                                    | plooty40@yahoo.com                              |                                                                     |                                                                                            |
|           |                                    |                                                 | to be used for future annual report noti                            | fication)                                                                                  |
| For furth | ner information c                  | oncerning this matter, please c                 | all:                                                                |                                                                                            |
| Christop  | oher Kearney                       |                                                 | 914 799-0863<br>at ()                                               |                                                                                            |
|           | Name o                             | f Person                                        | Area Code Daytim                                                    | e Telephone Number                                                                         |
| Enclosed  | l is a check for th                | ne following amount:                            |                                                                     |                                                                                            |
| ≣ \$25.   | .00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>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 Addres Registration S      |                                                 | <u>Street Address:</u><br>Registration Se                           | ction                                                                                      |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Fighting Irish V, LLC                                                                                                                                                                    |                                                                                |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------|
| (Name of the Limited L<br>(A F                                                                                                                                                           | iability Company as it now appears on our<br>lorida Limited Liability Company) | records.)                             |
| The Articles of Organization for this Limited Liabil                                                                                                                                     | ity Company were filed on 12/09/2014                                           | and assigned                          |
| Florida document number L14000188146                                                                                                                                                     |                                                                                |                                       |
| This amendment is submitted to amend the following                                                                                                                                       | ng:                                                                            |                                       |
| A. If amending name, enter the new name of the                                                                                                                                           | limited liability company here:                                                |                                       |
| The new name must be distinguishable and contain the words                                                                                                                               | "Limited Liability Company," the designation                                   | n "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable                                                                                                                                       | : <u></u>                                                                      |                                       |
| (Principal office address MUST BE A STREET A                                                                                                                                             | DDRESS)                                                                        | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or regis agent and/or the new registered office address he | tered office address on our records,                                           | SECRETARY OF SEInew registered 15     |
|                                                                                                                                                                                          |                                                                                | <i>τ</i> η <b>Ο</b> Ι                 |
| Name of New Registered Agent:                                                                                                                                                            |                                                                                |                                       |
| New Registered Office Address:                                                                                                                                                           | Enter Florida street                                                           | address                               |
|                                                                                                                                                                                          |                                                                                | , Florida                             |
| <u>-</u>                                                                                                                                                                                 | 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 |
|--------------|-------------|--------------|----------------|
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|              |             | ····         | Remove         |
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|                                  | as Joint Tenants with Rights to Survivorship (JTWROS)                                                                                                                                                                             |
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|                                  |                                                                                                                                                                                                                                   |
| Tective date, if other t         | than the date of filing: (optional)                                                                                                                                                                                               |
| an effective date is listed, the | the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
|                                  | on the Department of State's records.                                                                                                                                                                                             |
|                                  |                                                                                                                                                                                                                                   |
| ecord specifies a delayed        | d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the                                                                                                                          |
| is filed.                        |                                                                                                                                                                                                                                   |
| 1.15                             | 2024                                                                                                                                                                                                                              |
| ated April 15                    | 2024                                                                                                                                                                                                                              |
|                                  |                                                                                                                                                                                                                                   |
|                                  | $\sim$                                                                                                                                                             |
| 1/                               | Signature of a member or authorized representative of a member                                                                                                                                                                    |

Filing Fee: \$25.00