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K. SALY NOV - 8 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Irish 31 Seminole, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kristin Burkman
Irish 31 Seminole, LLC
1209 N. Tampa St.
Tampa FL 33602 Chy/State and Zip Code Kbur kman an Afs 365. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
hristin Burkman at (813) 416-2510 Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
(additional copy is enclosed) 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

	FII	ED
2016	WIIV .	
TALLAH	TARY OF	AM 11: 16 STATE LORIDA
<u>ds.</u>)	SEE, F	LORIDA

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

(Name of the Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Hugust 25,2016 and assigned Florida document number L16000159803.

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	
• • •	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	Kristin Burkman
New Registered Office Address:	1209 N. Tampa St. Enter Florida street address
	Tam 02 33/002

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 = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bianca Mize	326 S. Hyde Park Tampa, FL 33606	Add
Dwner		Tampa, FL 33606	□ Remove
			Change
MBR	Kristin Burkman	1209 N. Tanpa St. Tampa, FL33602	Add
		Tampa, FL33602	— □ Remove
			Change
			Add
			□ Remove
			Change
		TAEL AH	_ Gdd Remove
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Page 3 of 3

Filing Fee: \$25.00