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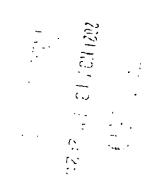
(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	STMENT BAGLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARK SPILLANE		
		Name of Person	
	THE EIRE COMPANIES		
		Firm/Company	
	4181 NW IST AVE STE	4	
		Address	
	BOCA RATON, FL 33431	1	
		City/State and Zip Code	
	MARK@EIRECOS.COM	to be used for future annual report no	at/Gartian\
For further information c	oncerning this matter, please co		offication)
MARK SPILLANE		561 866-3100 at ( )	
Name o	f Person		ime Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE INVESTMENT BAG LLC			5-51 NOV 12 Pt 2:20
(Name of the Lim	ited Liability Compan (A Florida Limited L	y as it now appears on our rability Company)	ecords) 109/13 Pt 2:20
the Articles of Organization for this Limited Landscape of Organization for the Limited Landscape of Organization for this Landscape of Organization for the Organiz	Liability Company v	were filed on 01-14-2019	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liabi	lity company here:	
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4181 NW 1ST AVE STE BOCA RATON FL 3343	
3. If amending the registered agent and/or gent and/or the new registered office addre		ddress on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:			
New Registered Office Address:	4181 NW IST A	VE STE 4	
		Enter Florida street a	ddress
	BOCA RATON		. Florida 33431
		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 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>	Name	Address	Type of Action
MGR	MARK D SPILLANE		□Add
		PO BOX 218 BOCA RATON FL 33429	= Remove
			□Change
MGR	THE EIRE COMPANIES INC.	4181 NW 1ST AVE STE 4 BOCA RATON FL 3343	1 <b>≅</b> Add
			□Remove
			□Change
		<del></del>	□Add
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ffective date, if other than the da	11/05/202		(optional)	
an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be pri k does not meet the appl	licable statutory filing	re than 90 days after filing.) Pursua	int to 605.0207 (. it be listed as th
record specifies a delayed effective of is filed.	late, but not an effective	e time, at 12:01 a.m. o	n the earlier of: (b) The 90th	day after the
ated	2021			
	·	Thehi		
		// X/\X///_		

Typed or printed name of signee