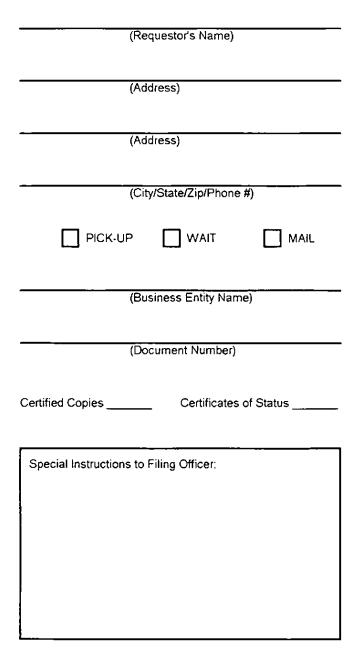
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COVER LETTER

| TO: Regis Divis | ±8 − − − € | | | | | | |
|---------------------------------------|----------------|------------------------------|-------------------------|---|---|--|--|
| C139 1E/Tr. | Trish | Daving | Services | | | | |
| SUBJECT; _ | | <u> </u> | Name of Limi | ted Liability Company | | | |
| | | | | | | | |
| The enclosed a | Articles of Ar | mendment and | fee(s) are subr | nitted for filing. | | | |
| Please return a | ill correspond | ence concernir | ig this matter t | to the following: | | | |
| | | | | • | | | |
| | | | Simon | Name of Person | | | |
| | | | | Name of Person | | | |
| | | | Irish | Diving Services Firm/Company | | | |
| | | | | Firm/Company | | | |
| | | 632 | ماک دم | are Drive | | | |
| | | | | Address | | | |
| | | | 066- | in Beach E | 33447_ | | |
| | | | VEEL FLE | O Beach, Fr. City/State and Zip Code | | | |
| | | | moù m | . LAR 1980 CHOTHAIL | . COLA | | |
| | | | | | otification) | | |
| For further inf | ormation con | cerning this ma | atter, please ca | alł; | | | |
| Sino | Name of P | Ark | | at (<u>561</u>) 451 Area Code Dayt | 5341 | | |
| | Name of P | erson | | Area Code Dayt | ime Telephone Number | | |
| | | | | | | | |
| Enclosed is a | eneck for the | tonowing amo | unt: | | | | |
| □ \$25.00 Fi | ling Fee | 図 \$30.00 Fili Certificat | ng Fee & e 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) | | |
| 3.6 .20 | ina Addressa | | | Street Address: | | | |
| Mailing Address: Registration Section | | | | Registration S | | | |
| Division of Corporations | | | | Division of Corporations | | | |
| P.O. Box 6327 | | | | The Centre of Tallahassee | | | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Irish Divin | & Services | <u> </u> | | | |
|---|---|--|---------------------|--------------------------|--|
| (Name of the Limited 1 | <u>iability Company (</u> Florida Limited Liab | is it now appears on ility Company) | our records.) | | |
| The Articles of Organization for this Limited Liabi | lity Company we | re filed on <u>07</u> | 10/2020 | and assigned | |
| Florida document number <u>L20000458c</u> | <u>Pc</u> | | | | |
| This amendment is submitted to amend the following | ng: | | | | |
| A. If amending name, enter the new name of th | e limited liabilit | y company here: | | | |
| | | NIA | | | |
| The new name must be distinguishable and contain the words | s "Limited Liability | Company," the design | nation "LLC" or the | abbreviation "L.L.C." | |
| Enter new principal offices address, if applicabl | e: _ | 632 N | Shore Dr | ٠, ١٥ | |
| (Principal office address MUST BE A STREET A | (DDRESS) | R. Dec | Ficio Bea | ch. | |
| | _ | Fc. | 33442. | | |
| | | | <i>,</i> , | | |
| Enter new mailing address, if applicable: | _ | 632 a Share Drive | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>-</u> | Deerficio Beach | | | |
| | _ | <u> </u> | 33442 | | |
| B. If amending the registered agent and/or regi agent and/or the new registered office address h | <u>iere</u> : | | | me of the new registered | |
| Name of New Registered Agent: | SILLON | HILLAR | | (2) | |
| New Registered Office Address: | 632 N S | HILLAR Drive Enter Florida | street address | : | |
| | DeerField | Beach | Florida | 33/c4 2. | |
| New Registered Agent's Signature, if changing Reg | | ~··/ | ALF | 08 | |

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 |
|-------------------|-----------------|--------------------------------|----------------|
| Regisseres Agents | September Himac | 6935 Birnelini CIR, Boca laton | □Add |
| | | Fc. 33433 | ERemove |
| | | | □Change |
| HGR | SINON HILAR | 632 N Shore Drive. | LAdd |
| | | Decrereio Beach FL. 33642 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
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| | | | □Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed Dated September 13th Signature of a member or authorized representative of a member Sicion Miceta.

Typed or printed name of signee