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## **COVER LETTER**

Registration Section Division of Corporations

IRISH PRIDE LLC BJECT: \_ Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: MICHAEL PAYNE Name of Person IRISH PRIDE LLC Firm/Company 1001 AVE GINE Address WINTER HAVEN, FL 33881 City/State and Zip Code IRISHPRIDELLC@PROTONMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL PAYNE Daytime Telephone Number Name of Person Enclosed is a check for the following amount: € \$25,00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: **Registration Section** Registration Section 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

#21 SE. 13 AM 6: 45

IRISH PRID LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)
ne Articles of Organization for this Limited	Liability Company	were filed on 07/30/202	and assigned
orida document number L21000344752	·		
nis amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	ility company here:	
//A			
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
Principal office uddress MUST BE A STREET ADDRESS)		N/A	
		N/A	
nter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
. If amending the registered agent and/or gent and/or the new registered office addr	ess here:	address on our records.	, enter the name of the new regi
New Registered Office Address:	N/A	Enter Florida stree	1 address
	N/A		, Florida N/A
		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

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager 4BR = Authorized Member

ABR = A	uthorized Member	Address Eggl SEP 13 Alphor Action	
<u>tle</u>	Name	Address	Type of Action
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te: If the date inserted in this	ne date of filing:  nust be specific and cannot be prior to date or block does not meet the applicable sta Department of State's records.		filing.) Pursuant to 605,0207
ecord specifies a delayed effectis filed.	ive date, but not an effective time, at i	2:01 a.m. on the earlier of: (b)	The 90th day after the
ted <u>8/1/21</u>	2021		
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nil.	<b>9</b>		

Filing Fee: \$25.00