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/Danis Anda Nama				
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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: IRISH PUBS O	OF FLORIDA, INC.			
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	pondence concerning this ma	atter to the following:			
	SANDI WINDSOR				
-	Name of Contact Person				
	WALTER S. SANDERS & ASSOCIATES, P.A.				
-	Firm/ Company				
16528 N. DALE MABRY HYW.					
-	Address				
	TAMPA, FLORIDA 33618				
-		City/ State and Zip Cod	e		
SAND	JI@WALTERSANDERS.CO	DM			
	-	sed for future annual report	notification)		
	22. (· · · · · · · · · · · · · · · · · · ·	,		
For further information	concerning this matter, pleas	se call:			
SANDI WINDSOR		813 at (961-0094		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahasson, Ft. 3231.4		Amend Divisio Clifton	Address Iment Section on of Corporations Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

IRISH PUBS OF FLORIDA, INC.

(Name of Corporation	n as currently filed with the Florida Deptin State 23 P 2: 37
L32028	Colo han 23 Po 25 gr
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
0.16	
 If amending the registered agent and/or registere new registered agent and/or the new registered of 	
Name of New Registered Agent	
the system registered rigen	
	(Florida street address)
No. B. C. LOW ALL	
New Registered Office Address:	, Florida (City) (Zip Code)
	·
New Registered Agent's Signature, if changing Regis	tered Agent:
hereby accept the appointment as registered agent. To	am familiar with and accept the obligations of the position.
Signat	ure of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
I) Change	PD	TERESA O'BRIEN	4029 HUDSON LANE	
Add			TAMPA, FLORIDA 33624	
X Remove				
2) Change	PD	BRIDGET TERESA BRENNAN	4029 HUDSON LANE	
X Add			TAMPA, FLORIDA 33624	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary),	icles, enter change(s) here: (Be specific)
	
	
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and indicate it not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than S	0 days after amendment file date)
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thr must be separately provided for each voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
by	···
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
APRIL 19, 2019	
Signature Signature By a director, president or other officers	resa Prennas eer - if directors or officers have not been
	chands of a receiver, trustee, or other court
BRIDGET TERESA BRENY	'AN
(Typed or printed	name of person signing)
PRESIDENT	

(Title of person signing)