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COVER LETTER

TO:	Registration Se Division of Cor			
Cripar	nom.	IRWIN MANAGEMENT, L	LC	
SUBJE	SCI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		P	. Todd Kennedy, Esq.	Sh. sa
Name of Person				
Kennedy & Kennedy, P.L.			2010 APR 2	
	Firm/Company			R 23 F
14 Southeast 4th Street, Suite 36			ا	
	Address			04 1: 49
			Boca Raton, FL 33432	ک ط
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For fur	ther information c	oncerning this matter, please c	all:	
	P. To	odd Kennedy	561 683-2484	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclos	ed is a check for t	he following amount:		
\$2	5.00 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IRWIN MANAGEMENT, LL	C	
(Name of the Limited	Liability Company as it now appea V Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on _	05/04/1999 a	nd assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company h	ere:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	designation "LLC" or the abbre	tion "L <u>L.C."</u>
Enter new principal offices address, if applica Principal office address MUST BE A STREET		ARA SEED	> 1
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	are a second	 5
B. If amending the registered agent and/o registered agent and/or the new registered offi	•	n our records, enter the	name of the I
Name of New Registered Agent:	P. Todd Kennedy, Esquire		
New Registered Office Address:	14 Southeast 4th Street, Suit	te 36	
Trem registered Office Fiduress.	Enter Fl	orida street address	
	Boca Raton	, Florida <u>33432</u>	
	City	Zi,	o 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

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
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			Remove
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ffective date, if other than the date of fil an effective date is listed, the date must be specific ote: If the date inserted in this block does no occument's effective date on the Department of	ot meet the applica	o date of filing or more to ble statutory filing re	han 90 days after quirements, this	filing.) Pursuant to (date will not be l	605,0201 isted as
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Filing Fee: \$25.00