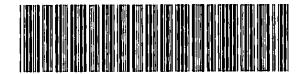
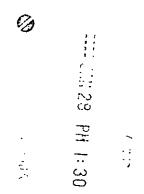
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Special Instructions to F	Filing Officer:	

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/28/2021	<u>1</u>
	**WALK IN*
ENTITY NAME_	SHAMROCK REALTY SOLUTIONS, LLC
DOCUMENT NU	MBER L20000115339
	PLEASE FILE THE ATTACHED AND RETURN
xxxx	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DE	ESTINATION
NUMBER OF CER	RTIFICATES REQUESTED
TOTAL OWED	\$25.00 ACCOUNT #: I20160000072
Please call Til	na at the above number for any issues or concerns. Thank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shamrock Realty Solutions, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/28/2020 and assigned Florida document number _____L20000115339 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1701 Central Ave Enter new principal offices address, if applicable: Apt 279 (Principal office address MUST BE A STREET ADDRESS) Saint Petersburg, FL 33713 1701 Central Ave Enter new mailing address, if applicable: Apt 279 (Mailing address MAY BE A POST OFFICE BOX) Saint Petersburg, FL 33713 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
AMBR Melinda	Melinda O'Brien	1701 Central Ave	□Add
		Apt 279	□Remove
		Saint Petersburg, FL 33713	■Change
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00