

L04000084474

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : MACFARLANE FERGUSON & MCMULLEN
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17 AUG 22 AM 11:49

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHAMROCK PROPERTIES, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

2017 AUG 22 PM 12:00
TALLAHASSEE, FLORIDA

AUG 23 2017

Y SULKER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Shamrock Properties, 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 11/19/2004 and assigned
Florida document number L04000084474

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida 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

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STATE OF FLORIDA
TALLAHASSEE

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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>	<u>Type of Action</u>
MGRM	P. H. Doyle, JR	619 Balibay Road	<input type="checkbox"/> Add
		Apollo Beach, Florida 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Lonnie S. Hatcher	3415 Queen Palm Drive	<input type="checkbox"/> Add
		Tampa, Florida 33619	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Scott L. Johnson	3415 Queen Palm Drive	<input type="checkbox"/> Add
		Tampa, Florida 33619	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA

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