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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Sect Division of Corpo			<i>i</i>		
4,			•		
SUBJECT: D2 Sham					
	(Name of Limit	ted Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Jeffrey R. Ludwig				
		(Name of Person)	<del></del>		
	Ludwig & Associates, PA				
		(Firm/Company)	<del></del>		
	5150 Belfort Rd. S. #500				
	TIOO Denoit Ita. C. #300	(Address)			
Jacksonville, Florida 32256 (City/State and Zip Code)					
		, ,			
For further information concerning this matter, please call:					
		004 004 0445			
Jeff Ludwig (Name of	Person)	at ( 904 ) 281-0145 (Area Code & Daytime Te	elephone Number)		
Enclosed is a check for the	following amount:				
	-				
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
			()		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



D2 Shamrock, 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 June 03, 2008	and assigned
Florida document number L08000054919	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	***************************************	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida si	treet address)
	, Florida	
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Address** <u>Name</u> MGR WG Dennis Development, LLC 10302 Deerwood Park Blvd. Add Remove Jacksonville, Florida 32256 WGD Development, LLC MGR 112 Newport Lane ₽ 🗸 Add Ponte Vedra Beach, Florida 32082 Remove **₫** Add Remove Remove \_ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 22 grature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Jeffrey R. Ludwig, Esq.

Filing Fee: \$25.00