L08000066080

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		



700150273557

04/16/09--01033--013 **55.00

O9 APR 27 PN 3: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

. Office Use Only

S. HAWKES

APF 3 0 2009

EXAMINER

S. HAWKES

AFRITADIS

EXAMINER



April 17, 2009

JUDY HULSKAMPER 212 VELVET AVE PALM BAY, FL 32907

SUBJECT: SHANNON ENTERPRISES LLC

Ref. Number: L08000066080

We have received your document for SHANNON ENTERPRISES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

.

Letter Number: 909A00013042

COVER LETTER

Registration Section Division of Corporations		
	ENTER PRISES LLC ited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Marine of Person) (Name of Person)	, ,	
(Firm/Company)		
212 Velvet Ave		
(Address) Pall Bay FL 3 (City/State and Zip Code)	2907	
For further information concerning this matter, plea	ase call:	
Judy Huskamper at ((Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ShANNON ENTER	PRISES LLC.	
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on Joly F, 2008 and assigned	
Florida document number		
	TO P	
This amendment is submitted to amend the following:	ب المحالة	
A. If amending name, enter the new name of the limited	liability company here:	
	Limited Liability Company," the designation "LLC" or the abbreviation	
"L.L.C."		
Enter new principal offices address, if applicable:	212 VELUET AUE NE PALMBAY, FL 32907	
(Principal office address MUST BE A STREET ADDRESS	De PALMBAY, FL	
	32907	
Enter new mailing address, if applicable:	212 Velvet AVENE PALM BAY, FL	
(Mailing address MAY BE A POST OFFICE BOX)	PALM BAY, FL	
	32907	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u> :		
_		
Name of New Registered Agent:	Judy Hulskamper	
New Registered Office Address:	212 VELUET AVE NE	
0	(Enter Florida street address)	
	- <i>(m /S4</i> , Florida 32907	
	(City) (Zip Code)	
North Programmed Action Advantage Color (Action of Participated Color (Action of Action of Actio		

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 Agen

Page 1 of 2

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 Title Name Address **Type of Action** Judy Hulskamper _____ Bruce Hulskamper Remove Remove Add Remove Remove: $\overline{\omega}$ Mdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Page 2 of 2

Filing Fee: \$25.00

yped or printed name of signee