

# L09000106919

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

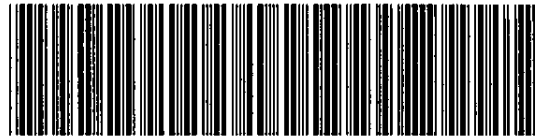
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2009 DEC 16 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 17 2009

EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Shamrock Auto, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia O'Brien

Name of Person

Shamrock Auto, LLC

Firm/Company

2122 Dumas Dr

Address

Deltona FL 32738

City/State and Zip Code

tfpob1@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia O'Brien

Name of Person

at ( 407 )

748-4266

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2009 DEC 16 AM 11:25

Shamrock Auto LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11-5-09 and assigned  
Florida document number 109000106919.

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 end with 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:

Patricia O'Brien

New Registered Office Address:

2122 Dumas Dr

*Enter Florida street address*

Deltona

Florida

32728

*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.*

Patricia O'Brien  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>Patricia O'Brien</u>	<u>2122 Dumas Drive</u> <u>Deltona FL 32738</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Pres</u>	<u>Timothy O'Brien</u>	<u>2122 Dumas Drive</u> <u>Deltona FL 32738</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

Patricia A O'Brien Timothy O'Brien  
Signature of a member or authorized representative of a member  
PATRICIA A O'BRIEN TIMOTHY O'BRIEN  
Typed or printed name of signee

2009 DEC 16 AM 11:25  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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2009 DEC 16 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-10-09

To whom it may concern,

I Patricia G. O'Brien

Accept the role of President for the Shamrock Auto LLC firm.

I am familiar with the operational procedures and state requirements and will act accordingly.

Respectfully

  
Patricia G O'Brien

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12-10-09

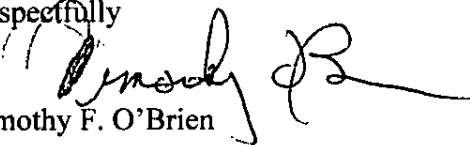
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To whom it may concern

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I Timothy F O'Brien President & owner of Shamrock Auto, LLC this day officially  
resign my position & responsibilities as officer and owner from the Shamrock Auto, LLC  
organization.

Respectfully

  
Timothy F. O'Brien

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12-10-09

2009 DEC 16 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I Patricia G O'Brien this day officially accept the position of President & owner of the Shamrock Auto, LLC organization.

In this role I am thoroughly acquainted with all day to day operational matters and all state requirements.

Respectfully,

Patricia G. O'Brien