

LD9 000106919

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T. CLINE

JUN - 8 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN - 7 AM 9:53

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## 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 G. O'Brien

Name of Person

Shamrock Auto,LLC

Firm/Company

333 E. Highbanks Road

Address

DeBary FL 32713

City/State and Zip Code

shamrock1@earthlink.net

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

For further information concerning this matter, please call:

Patricia G. O'Brien

Name of Person

at ( 407 )

748-4266

Area Code & Daytime Telephone 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 (additional copy is enclosed)      ☐ \$60.00 Filing Fee & Certificate of Status & 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN - 7 AM 9:58

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Shamrock Auto, 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 11-5-2009 and assigned  
Florida document number L09000106919.

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:

333 E Highbanks Rd

(Principal office address MUST BE A STREET ADDRESS)

DeBary FL 32713

Enter new mailing address, if applicable:

2122 Dumas Dr

(Mailing address MAY BE A POST OFFICE BOX)

Deltona FL 32738

**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*

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

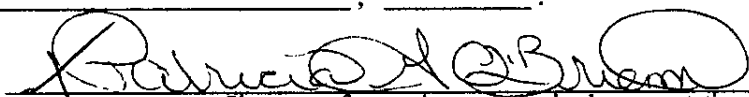
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Gen Mgr	Timothy O'Brien	2122 Dumas Dr Deltona FL 32738	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

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

  
 Signature of a member or authorized representative of a member  
 PATRICIA G. O'BRIEN  
 Typed or printed name of signee

2010 JUN 7 AM 9:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED