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J. SAULSBERRY EXAMINER

AUG 9 2011

## **COVER LETTER**

TO:

TO:	Registration S Division of Co						
SUBJE	·CT•	Patrick [	D. Shields, LLC				
SOBJE			ited Liability Company	· .	-		
	•						
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:		,		
			Patrick D. Shields		_		
			Name of Person				
	Patrick D. Shields, LLC						
			Firm/Company				
		4	1428 Mizzenmast Ct.				
			Address		- <b>5</b> .0	2	
		F	Fort Myers, FL 33919		ECR	2011 AUG -	
	City/State and Zip Code		ETAR HASS	9	7		
			oat@patshields.com		m-<	φ.	
		E-mail address: (	to be used for future annual repo	rt notification)	OF S	AK	TILED
For fur	ther information	concerning this matter, please c	eall:		DRIE	<del>.</del>	in in
	Pat	rick D. Shields	at ( 239 )	344-9948	À	0	
	Name	of Person		Daytime Telephone Numb	per		
Enclose	ed is a check for t	the following amount:					
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certific	iling Fee, cate of Stated Copy onal copy i		sed)
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	Registration Division of C Clifton Build	Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Patrick D.	Shields, LLC	, , <u>, , , , , , , , , , , , , , , , , </u>	
( <u>Ns</u>	me of the Limited Liability Cor (A Florida Limit	npany as it now appeared Liability Company)	rs on our records.)	<del></del>
The Articles of Organization	for this Limited Liability Comp	any were filed on	June 1, 2010	and assigned
Florida document number	L10000058474			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited	liability company her	<u>e</u> :	
	Patrick D. Shields, Cl	PA and Associates	s, LLC	
The new name must be distinguing. "L.L.C."	ishable and end with the words "I	Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices a	address, if applicable:	<del>- ,                                   </del>		
(Principal office address MU	<u>ST BE A STREET ADDRESS</u>	2		<del>-</del>
				ASECRETANG
Enter new mailing address, i	if applicable:			SS 8
(Mailing address MAY BE A POST OFFICE BOX)				m <sub>S</sub> ≥ m
B. If amending the registe	ered agent and/or registered	office address on o		
registered agent and/or the n	ew registered office address l	<u>here</u> :		
Name of New Regist	ered Agent:			
New Registered Offi	ce Address:	77	a. Florida dunat ada	1
		Enter Florida street address		
	<del></del>	City	, Florida	Zip Code
		2,		Ly Couc

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Barbara E. Shields	4428 Mizzenmast Ct. Fort Myers, FL 33919	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
<del> </del>			Add Remove
			Add Remove
D. If amendin	Signature of a member of	r authorized representative of a member	FILE-8
		rick D. Shields printed name of signee	

Page 2 of 2

Filing Fee: \$25.00