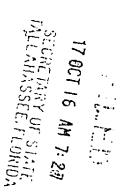


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10/16/17--01023--010 **25.69



COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	Shamrock C	Capital Management LLC				
Name of Limited Liability Company						
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspoi	ndence concerning this matter	to the following:			
		Michael A Duchesneau				
			Name of Person			
		Shamrock Capital Manage	ment			
			Firm Company			
		PO Box 10425				
			Address			
		Tampa, FL 33679				
		City/State and Zip Code				
		mikedmd@gmail.com				
		E-mail address: (to be used for future annual report notif	ication)		
For further i	ntormation co	oncerning this matter, please co	all:			
Michael Α Γ	Dehesneau		813 833-9559			
	Name of	Person	at () Area Code Daytime	2 Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

Shamrock Capital Management 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 9, 2014 Florida document number 1.14000092026 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 contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC," 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: New Registered Office Address: Enter Florida street address

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles D Medalie	7811 Ashley Cir Bradenton, FL 34201	 _) Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			
			□ Remove
			Change
			
			□ Remove
			Change

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Page 3 of 3

Filing Fee: \$25.00