

L21000399226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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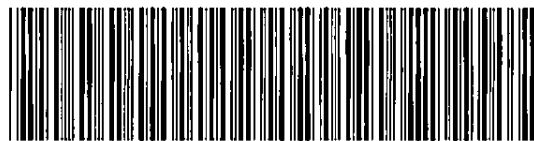
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KEITH SHAMROCK FAMILY 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:

Leslie Campione

\_\_\_\_\_  
Name of Person

Leslie Campione, P.A.

\_\_\_\_\_  
Firm/Company

18800 Boathouse Drive

\_\_\_\_\_  
Address

Eustis, FL 32736

\_\_\_\_\_  
City/State and Zip Code

campionelaw@comcast.net

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

For further information concerning this matter, please call:

*Leslie Campione*

\_\_\_\_\_  
Name of Person

352 455-4633  
at ( )  
Area Code Daytime Telephone Number

*Leslie Campione*

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

KEITH SHAMROCK FAMILY 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 09/08/2021 and assigned  
Florida document number 121000399226.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Same

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:

SAME Leslie Campione

New Registered Office Address:

Enter Florida street address

City, Florida

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.*

Leslie Campione

If Changing Registered Agent, Signature of New Registered Agent

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FL  
STATE

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KEITH J SHAMROCK FAMILY	37112 CR 452	<input type="checkbox"/> Add
		Grand Island, FL 32735	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATRICIA B SHAMROCK FAMI	37112 CR 452	<input type="checkbox"/> Add
		Grand Island, FL 32735	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GREGORY K. SHAMROCK	22515 Lake Seneca Road	<input checked="" type="checkbox"/> Add
		Eustis, FL 32736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LESLIE S. CAMPIONE	18800 Boathouse Drive	<input checked="" type="checkbox"/> Add
		Eustis, FL 32736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEVEN J SHAMROCK 2021 TR	18800 Boathouse Drive	<input checked="" type="checkbox"/> Add
		Eustis, FL 32736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 10 2024

Robert Canzone  
Signature of a member or authorized representative of a member

Leslie Campione  
Typed or printed name of signer

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SEC. OF STATE  
TALLAHASSEE, FL

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**Filing Fee: \$25.00**