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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**-Email Address:___ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GOLDEN SHAMROCK CONSTRUCTION COMPANY LLC

Certificate of Status	0
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Help

MUV 17 2023 T. LEMIEUX

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Shamrock Construction Company Lt			<u></u>
(A Florid	lity Company as it now appears on outla Limited Liability Company)	r reco <u>ras.</u>)	
The Articles of Organization for this Limited Liability (Company were filed on 11/22/22		and assigned
Florida document number L22000498894			
riorida document number	**************************************		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
 -			
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation	on "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	, <u></u>		
(Principal office address MUST BE A STREET ADD	RESS)		
			
	<u> </u>	- <u></u> -	<u></u>
Enter new mailing address, if applicable:			
			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere	nd office address on our records	anter the new	o of the new registers.
agent and/or the new registered office address here:		, enter the nan	- registered
			56.46
Name of New Registered Agent:			1
Name of New Registered Agent.			
New Registered Office Address:		* 1	<u> </u>
	Enter Florida stree	A address	77
	·	, Florida	· ~
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		- .
I hereby accept the appointment as registered agent	and agree to act in this capaci	ty. I further ag	ree to comply with the
provisions of all statutes relative to the proper and	complete performance of my du	ties, and I am j	familiar with and
accept the obligations of my position as registered a being filed to merely reflect a change in the register	igent as provided for in Chapte. red office address. I bereby com	r 002, r.S. Or. Gem that the lie	y inis aocument is nited liability

If Changing Registered Agent, Signature of New Registered Agent

11/16/2023 09:17:35_PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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
Manager	Golden Shamrock Construction Company	23 Allen st	🖸 Add
		Riviera Beach, FL 33404	☑Remove
			Change
Manager	Jeffrey Hurt	23 Allen st	② Add
		Riviera Beach, FL 33404	□ Пелюче
			Change
			□Add
			□Remove
			FlAdd
			□Remove
			□Change
			□Add
			DRemove
			☐ Change
			□Add
			□Remove
			Change .

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ective date, if other than the date of filing:	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
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