## orida Departmentot state

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Fax Number : (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHAMROCK TRUCKING L.L.C.

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shamrock Trucking L.L.C.	-	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000258913</u> .	were filed on <u>5/26/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	"or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	5492 Carmody Lake Dr	
(Principal office address MUST BE A STREET ADDRESS)	Port Orange, FL 32128	7.00
	5492 Carmody Lake Dr	ST R U
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Port Orange, FL 32128	- F 20
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	5
	Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I fin performance of my duties, ar	other agree to comply with the ad I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>N</u> ame	Address	Type of Action
AMBR	Jesse O'Neill	5492 Carmody Lake Dr	□Add
		Port Orange, FL 32128	□Remove
			<b>■</b> Change
AMBR	Angelee O'Neill	5492 Carmody Lake Dr	□Add
		Port Orange, FL 32128	□Remove
			\ \Bullet Change
AMBR	Matthew John Calisi II	1153 Bradenton Road	
		Daytona Beach , FL 32114	□Remove
			□Change
	<del> </del>		□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		_	□Add
			□Remove
			Change

D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if nece	rssary.)
-		<u> </u>
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		<u></u>
<ul> <li>Note: If the date inserted in th</li> </ul>	the date of filing:	onal) filing.) Pursuant to 605.0207 (3) s date will not be listed as the
the record specifies a delayed effected is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	) The 90th day after the
Dated	. 2024	
	/s/Jesse O'Neill	
	Signature of a member or authorized representative of a member	
Jesse O'Neill		
	Typed or printed name of signee	

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