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|---|--------------------------------------|--|------------------------|
| TO: Registration Section Division of Corporations | | · · | |
| Shamrock Wings LLC SUBJECT: | | | |
| | Name of Fimited Lial | bility Company | |
| Dear Sir or Madam: | | | |
| The enclosed Statement of Correction and feets): | are submitted for filin | <u>e</u> . | |
| Please return all correspondence concerning this | matter to the followin | g: | |
| Autumn I.Herbeck | | | |
| Name of Person | | - | |
| Crary Huff Law Firm, P.C. | | | |
| Firm Company | | - | 202 |
| 329 Pierce Street, Suite 200 | | | 2023 OCT 12 |
| Address | ····· | - | 112 |
| Sioux City, IA 51101 | | | PH |
| City State and Zip Code | | - | 2023 OCT 1 2 PH 12: 40 |
| jwilkins <i>a</i> inscap.com | | | D i |
| E-mail address: (to be used for future annua | I report notification) | - | |
| l or further information concerning this matter, pl | ease call: | | |
| Autumn Lillerbeck | 712 al (| 224-7555 | |
| Name of Person | area Code | Daytime Telephone Number | |
| <u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| Enclosed is a check for the following amount: | | | |
| ■ \$25 Filing Fee Certificate of Status | □\$55 Filing Fee & Certified Copy | \$60 Filing Fee, Certificate of Status & Certified Copy | |

ELLIS INFORMATION

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document,

SECOND:

Document to be corrected is: THRD:

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Please see attached.

 \underline{OR}

Was defectively signed. The manner in which the document was defectively signed and the appropriate perception are as follows:

OR

whic transmission of the record was defective. W.J. Williams Signature of Authorized Representative

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *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. Thereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25,00 830,00 (optional)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY SHAMROCK WINGS LLC

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The report incorrectly lists the Current Principal Place of Business as:

15 Spinning Wheel Ct Suite 110 Hinsdale, IL 60521

... ·

The correct Current Principal Place of Business is:

4404 S. Ferneroft Avenue Tampa, FL 33609

The report incorrectly lists the Current Mailing Address as:

15 Spinning Wheel Ct Suite 110 Hinsdale, IL 60521

The correct Current Mailing Address is: 4404 S. Ferneroft Avenue

Tampa, FL 33609

The report incorrectly lists the Name and Address of Current Registered Agent as: Daniel McGue 622 S. Owl Drive

Sarasota, FL 34236

The correct Name and Address of Current Registered Agent is: John Wilkins 4404 S. Ferneroft Avenue Tampa, FL 33609

The report incorrectly lists Daniel McGue as a member and John Mlinarcik as an authorized person under the Authorized Person(s) Detail.

The correct Authorized Person(s) Detail is:

Title: MBR (member) Name: John Wilkins Address: 4404 S. Ferneroft Avenue City-State-Zip: Tampa, FL 33609

Title: AP (authorized person) Name: Theodore Wilkins Address: 4404 S. Ferneroft Avenue City-State-Zip: Tampa, FL 33609 EIVISION OF CORPORATE 40