

LDSC000026653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

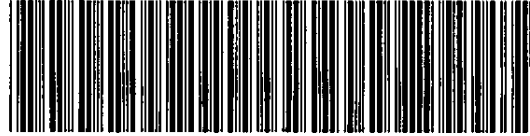
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000279517480

11/30/15--01010--024 **35.00

FILED
2015 DEC 17 A 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2015

MICHAEL HARRISON
1948 HARRISON STREET, SUITE 108
HOLLYWOOD, FL 33020-5018

SUBJECT: SHADOWTIME, LLC
Ref. Number: L05000026653

We have received your document for SHADOWTIME, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 815A00025354

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHADOWTIME, 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:

MICHAEL HARRISON

Name of Person

SHADOWTIME, LLC

Firm/Company

2005 VAN BUREN ST STE 104

Address

HOLLYWOOD FL 33020-5029

City/State and Zip Code

jack@jumpingjaxtax.com

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

For further information concerning this matter, please call:

MICHAEL HARRISON

954 927-6988
at ()

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SHADOWTIME, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 DEC 17 A 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/04/2007 and assigned
Florida document number L05000026653

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:

2891 RAVENSWOOD RD

(Principal office address MUST BE A STREET ADDRESS)

FT LAUDERDALE FL 33312

Enter new mailing address, if applicable:

2891 RAVENSWOOD RD

(Mailing address MAY BE A POST OFFICE BOX)

FT LAUDERDALE FL 33312

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:

MICHAEL HARRISON

New Registered Office Address:

2891 RAVENSWOOD RD

Enter Florida street address

FT LAUDERDALE

, Florida 33312

City

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL HARRISON	2891 RAVENSWOOD RD	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 DEC 17 A 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

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.

Dated November 23, 2015

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 DEC 17 A 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA