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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Peggy O'Neil

Account Name : HAHN LOESER & PARKS  
Account Number : 120070000069  
Phone : (239) 254-2900  
Fax Number : (239) 592-7716

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

Email Address:

bgalbraith@hahnlaw.com

RECEIVED

14 JUN 13 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHARED DRIVE MEDIA, LLC

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUN 13 AM 10:13

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shared Drive Media, 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:

Brad A. Galbraith

Name of Person

Shared Drive Media, LLC

Firm/Company

5811 Pelican Bay Boulevard, #650

Address

Naples, FL 34108

City/State and Zip Code

bgalbraith@hahnlaw.com

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

For further information concerning this matter, please call:

Brad A. Galbraith

Name of Person

at 239 552-2990

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

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

Shared Drive Media, 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 5/7/08 and assigned  
Florida document number L08000046003

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5811 Pelican Bay Boulevard, Suite 650

**(Principal office address MUST BE A STREET ADDRESS)**

Naples, FL 34108

Enter new mailing address, if applicable:

5811 Pelican Bay Boulevard, Suite 650

**(Mailing address MAY BE A POST OFFICE BOX)**

Naples, FL 34108

**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:

New Registered Office Address:

5811 Pelican Bay Boulevard, Suite 650

Enter Florida street address

Naples

City

Florida 34108

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**

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

New address for authorized person, Brad A. Galbraith:

5811 Pelican Bay Boulevard, Suite 650

Naples, FL 34108

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 12, 2014

*Brad A. Galbraith*

Signature of a member or authorized representative of a member

Brad A. Galbraith

Typed or printed name of signee

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Filing Fee: \$25.00

FILED  
JUN 13 2014  
TALLAHASSEE, FLORIDA

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