L12000038561

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12 JUL 23 AM 7: 51
SECRETARY OF STATE
MAIN ANASSEE, FLORIDA

C. LEWIS

JUN 28 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2012

LINDSEY MELENDEZ / CLOUDVDI, LLC 412 E. MADISON STREET SUITE 1120 TAMPA, FL 33605

SUBJECT: CLOUDVDI, LLC Ref. Number: L12000038561

We have received your document for CLOUDVDI, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00017692

COVER LETTER

TO: Registration Division of C						
SUBJECT:	Clou	udVDI, LLC				
		ited Liability Company				
	of Amendment and fee(s) are sul	_				
Please return all corres	pondence concerning this matter	r to the following:				
		Lindsey Melendez				
		Name of Person				
	CloudVDI, LLC Firm/Company					
	rirm/Company					
	412 E	E. Madison St., Suite 1120 Address				
		T 51 00005				
	Tampa, FL 33605 City/State and Zip Code					
	lin	dsey@sharedvdi.com to be used for future annual report notif				
For further information	E-mail address: (a concerning this matter, please of		ication)			
roi iui uiei iinoi illatioi	concerning this matter, please of	an.				
	yan O'Connor of Person	at (305) Area Code & Daytim	587-9800			
Name	on reison	Alea Code de Dayuna	e receptione reunioer			
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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regi	LING ADDRESS: stration Section sion of Corporations	STREET/COURI Registration Section Division of Corpor	n .			
P.O.	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Ce				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUL 23 AM 7: 51

.		- 00 <u>L</u> 2	3 AM 7:51			
CloudVD	DI, LLC	SECRETAR	Y OF CTARE			
CloudVD (Name of the Limited Liability Compan (A Florida Limited Limit	iability Company)	HASS	EE, FLORIDA			
			-71			
The Articles of Organization for this Limited Liability Company		03/20/2012	_ and assigned			
Florida document number 600225251526 L1200003 856 /						
This amendment is submitted to amend the following:						
A 16 amounting many and water many and of the Positional Picks	11.4					
A. If amending name, enter the new name of the limited liabi	uity company nere:					
			<u> </u>			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company,	" the designation "LLC	C" or the abbreviation			
Enter new principal offices address, if applicable:	412 E. Madison	St.				
(Principal office address MUST BE A STREET ADDRESS)	Suite 1120					
	Tampa, FL 336	05				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered off	ice 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:						
Name Danistana d Office Address.						
New Registered Office Address:	Enter Florida street address					
	Cin	, Florida	Zip Code			
	City		zıp Соае			
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 608, 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

anagers or Managing Members on our records, enter the title, name, and address of each Manager ember being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name Address **MGRM** Austin Hurst 1771 Ringling BLVD #1007 ☐ Add Remove Sarasota, FL 34236 Zach Hurst MGRM 1771 Ringling BLVD #1007 ☐ Add **√** Remove Sarasota Fl 34236 **MGRM** Hurst Capital, LLLP 1771 Ringling BLVD #1007 ✓ Add ☐ Remove Sarasota, FL 34236 Knipp, Mark MGRM 305 Bloomingfei Add Brandon, FL Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Lindsey Melendez, COO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

L12000038561