

L14000011008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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BOSTON, MA

B. BOSTICK

FEB 12 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shadows 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:

Andrew Bloom

Name of Person

Shred Trust

Firm/Company

1500 S. Powerline Rd

Address

Deerfield Beach, FL 33442

City/State and Zip Code

abloom@shredtrust.com

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

For further information concerning this matter, please call:

Lloyd Lapidus

Name of Person

at 305 934-1972

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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Shadows Media LLC

Page 1 of 3

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>
AMBR	Andrew Bloom	17847 Monte Vista Dr.	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33496	<input type="checkbox"/> Remove
Ambr	Lloyd Lapidus	212 Three Islands Blvd	<input checked="" type="checkbox"/> Add
		St #106	<input type="checkbox"/> Remove
		Hallandale Beach, FL 37009	
			<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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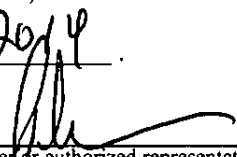
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 Jan 28, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Andrew Bloom  
\_\_\_\_\_  
Typed or printed name of signee

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STATE OF FLORIDA  
CLERK OF THE SUPREME COURT