14000011006

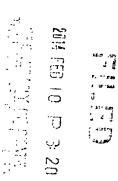
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700255269667

02/03/14--01022--013 **25.00



B. BOSTICK
FEB 1 2 2014
EXAMINER

COVER LETTER

TO: Registration S Division of Co		•		
SUBJECT:	Shadows Mpa	liq LLC		
SUBJECT.		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Andre	W Bloom Name of Person		
	- 1	Name of Person		
	5 hved	171154		
		Firm/Company	•	
	1500 S	. Powerline Rd		
		Address		
•,	Dees fiel	I Beach, Fr	77442	
	ald we	City/State and Zip Code		(17/2 2)
	E-mail address: (to be used for future annual report notifi	cation)	
For further information	concerning this matter, please ca	all:	, A 5	3
lloyd	Lapidus	at (3a5) 934 ~ Area Code Daytime	1972	ر کا کے «معد» افغانیورا
Name	of Person	Area Code Daytime	Telephone Number	
Employed is a abook for	the following emerciate			
Enclosed is a check for the same same same same same same same sam	-	T \$55.00 Elling Egg &	T \$60.00 Elling Egg	
\$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

Snadows	Media U	· C			
(Name of the Limited Liabil (A Florid	lity Company as it now la Limited Liability Com	appears on ou pany)	r records.		
The Articles of Organization for this Limited Liability (Florida document number	Company were filed	on <u></u> [- 6	21-2014 a	nd assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability compa	any here:			
The new name must be distinguishable and end with the words "L	imited Liability Compan	y," the designa	tion "LLC" or the abbrevi	ation "L.I	J.C."
(Principal office address MUST BE A STREET ADD	 RESS)	 		(2) (2)	
Trincipal Office address MOST DD 11 STREET MDD	<u> </u>		111	## **	1355.
			: : :	725	FP 95-808
Enter new mailing address, if applicable:				\Box	o entrag
(Mailing address MAY BE A POST OFFICE BOX)			ار در	U	(man)
			-2777	3	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ess on our	records, enter the 1	name of	f the new
Name of New Registered Agent:					
New Registered Office Address:	En	nter Florida stre	et address		
			, Florida		
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBK = Aut	norizea Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Andrew Bloom	17847 Monte Vista D	- MAdd
	· · · · · · · · · · · · · · · · · · ·	17847 Monte VISTA DE BOCY RUTON FC 3349	Remove
Ambr	Hoyd Lapidus	212 Three Islands Be 5t#106	Add Add
¥ .		5t#106	□ Remove
		Hallandule Beach, A	-37009
	·		□ Add
• •		;	Domesta
			Remove
		:	<u>#</u> 5 5
		·	and Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			<u> </u>
			🗆 Add
			□ Remove
•		<u> </u>	
		·	Add
			Remove
.*			

	
. —	
ffective	date, if other than the date of filing: (optional)
ffective	e date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ffective ne effecti ne date th	e date, if other than the date of filing:
he date th	nis document is filed by the Florida Department of State)
he date th	e date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State) The date is document in the date of filing:
ffective the effection the date the	nis document is filed by the Florida Department of State)
he date th	nis document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00