

L13000175609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

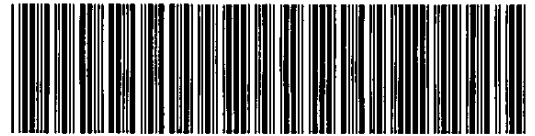
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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JUL 09 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4DV Entertainment 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:

Charles Sumner

Name of Person

4DV Entertainment LLC

Firm/Company

P.O. Box 140066

Address

Orlando, FL 32814

City/State and Zip Code

Csumner@4DVE.com

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

For further information concerning this matter, please call:

Charles Sumner

Name of Person

at (407)

Area Code

473-1064

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

LIDV Entertainment LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager 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	Corday Cardwell	4221 Long Key Ln	<input type="checkbox"/> Add
		Apt. #1736	<input checked="" type="checkbox"/> Remove
		Winter Park, FL 32792	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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AM

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

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 _____, _____.



Signature of a member or authorized representative of a member

Charles Sumner, Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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