

L1600017518

(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:

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18 MAY - 7 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

MAY 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2018

JONATHAN SIDWELL
101 S PALAFOX PL, #12485
PENSACOLA, FL 32591

SUBJECT: JONATHAN SIDWELL VIDEO LLC
Ref. Number: L16000177518

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00008636

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2018 MAY -7 PM 1:46
MENT OF SE
OF CORPOR
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jonathan Sidwell Video 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:

Jonathan E Sidwell

Name of Person

Jonathan Sidwell Video LLC

Firm/Company

101 S Palafox Place #12485

Address

Pensacola, FL 32591

City/State and Zip Code

sidwellbranding@gmail.com

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

For further information concerning this matter, please call:

Jonathan E Sidwell

850 529-0419

at ()

Name of Person

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
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SECRETARY OF THE ARMY
WASHINGTON, D.C. 20315

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

18 MAY - 7 PM 4: 30
SECRETARY OF STATE
WASHINGTON, D.C.

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18
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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

May 3, 2018

ed May 3
[Signature] MGR
Signature of

Signature of a member or authorized representative of a member

Jonathan E Sidwell, MGR

Typed or printed name of signee