## L10000107073

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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M. MILLIGAN AUG 23 2017



July 26, 2017

LEAFORD A DOUGLAS ON DEMAND ELECTRICAL SERVICES LLC 4661 CLEMENS ST LAKE WORTH, FL 33463

SUBJECT: ON DEMAND ELECTRICAL SERVICES LLC

Ref. Number: L10000107073

We have received your document for ON DEMAND ELECTRICAL SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return 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.

Michelle Milligan Senior Section Administrator

Letter Number: 917A00015096

## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: On	Demand Name of Lim	Electrical x	Services, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leaford	Douglas	
	On Dema	Name offerson  Name offerson  Name offerson  Name offerson	Services, LLC
	4661 Clen	nens St, Address	<del></del>
	Lake Wo	City/State and Zip Code	163
	MFO Donder	pandelectrical Se to be used for future annual report notif	CNICL. COM
For further information of	concerning this matter, please ca	all:	
Leaford Name of	Douglas of Person	at ( <u>561</u> ) <u>723 -</u> Area Code Daytime	5131 Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>L\_1000010</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Type of Action
MGR	Kleshia Douglas	4661 Clemens St.	Add
		4661 Clemens St. Lake Worth FL 33463	Remove
		<del></del>	Change
			Add
			□ Remove
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). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an effecti <u>Note:</u> If t	date, if other than the date of filing:  (optional)  we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Puthe date inserted in this block does not meet the applicable statutory filing requirements, this date with seffective date on the Department of State's records.	ursuant to 60 Il not be li:	05.0207 (3) sted as the
the recor ) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th day after the record is filed.	the ear	lier of:
Dated <u></u>	lugust 17 . 2017.		<u></u>
	X. Dougles.	17 Å	ISIAIG
	Signature of member or authorized representative of a member	UG 22	맞는 얼굴로
	Leaford Douglas Typed or princed name of signee	2 11	
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Filing Fee: \$25.00