

L180000036438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL

10/28/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPARK DOCTOR ELECTRIC OF DUNNELLON 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:

ADRIAN MIDDLETON, ESQ

Name of Person

MIDDLETON & MIDDLETON, P.A.

Firm/Company

1437 MARKET ST

Address

TALLAHASSEE, FL 32312

City/State and Zip Code

mwe11963@gmail.com

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

For further information concerning this matter, please call:

ADRIAN MIDDLETON, ESQ

850

815-0256

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPARK DOCTOR ELECTRIC OF DUNNELLON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/09/2018 and assigned Florida document number L18000036438.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AnnDavid Electric LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11963 N Elkcam Blvd

Dunnellon, FL 34433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11963 N Elkcam Blvd

Dunnellon, FL 34433

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:

MIDDLETON & MIDDLETON, P.A.

New Registered Office Address:

1437 MARKET ST

Enter Florida street address

TALLAHASSEE

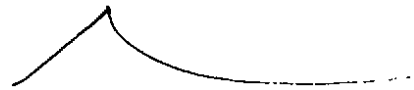
City

Florida 32312

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAZZI, ANTHONY	1816 W IRON GUN PL.	<input type="checkbox"/> Add
		DUNNELLON, FL 34434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HEISLER, ERIK	25 W MURRAY ST	<input type="checkbox"/> Add
		BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Mark W Emery	11963 N Elkeam Blvd	<input checked="" type="checkbox"/> Add
		Dunnellon, FL 34433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Cory Winningham	11963 N Elkeam Blvd	<input checked="" type="checkbox"/> Add
		Dunnellon, FL 34433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FLORIDA
TALLAHASSEE, FL

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

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TALLAHASSEE FL

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 OCTOBER 27, 2020

DocuSigned by:

ERIK HEISLER

Signature of a member or authorized representative of a member

ADRIAN MIDDLETON, ESQ

Typed or printed name of signee