

L19000 275 640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

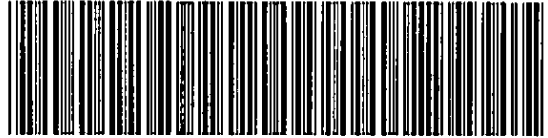
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13/13/13

C. GOLDEN

JAN 13 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: K. M. ELECTRIC SERVICE  
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:

BHEKIMPILO NDLOVU  
Name of Person  
K. M. ELECTRIC SERVICE  
Firm/Company  
5175 WELLINGTON PARK CIRCLE, # 652  
Address  
ORLANDO, FLORIDA, 32839  
City/State and Zip Code  
bhekindlovu@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BHEKIMPILO NDLOVU at ( 321 ) 947 0689  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2019 DEC -9 Pii 4: 59

**If Changing Registered Agent, Signature of New Registered Agent**

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>
<u>MGR</u>	<u>BHEKIMPILO NOLOVU</u>	<u>5175 WELLINGTON PARK CIRC, C52</u>	<input type="checkbox"/> Add
		<u>ORLANDO, FL, 32839</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>BHEKIMPILO NOLOVU</u>	<u>5175 WELLINGTON PARK CIRC, C52</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL, 32839</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

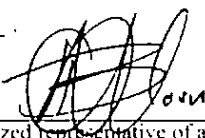
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 04 DECEMBER, 2019



Signature of a member or authorized representative of a member

ВНЕСИМПИЛО НАЛОГУ

Typed or printed name of signee