LZO 000207008

(Re	equestor's Name)	
(Ac	ddress)	_
(Ac	idress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	623	

Office Use Only



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COVER LETTER

TO: Registration So Division of Co			
живиест: <u>Don</u>	ne of Lim	at Schulton 5	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jason C	Name of Person	
	Dominio	Firm/Company	Solutions
	4115 Kissimmi	Re Pork Road Saint	Cloud FT 34772
	Saint Clou	City/State and Zip Code	
	Dominionelect	trical solutions a al report noti	Samai).com
For further information c	oncerning this matter, please co		
Juson Pu	f Person	at (251) 259 - Area Code Daytime	2989 e Telephone Number
Esnelosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	S \$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



FLORIDA DEPARTMENT OF STAT Division of Corporations

December 22, 2020

JASON C PURIFOTY
DOMINION ELECTRICAL SOLUTIONS, LLC
4715 KISSIMMEE PARK ROAD
SAINT CLOUD, FL 34772

SUBJECT: DOMINION ELECTRICAL SOLUTIONS, LLC

Ref. Number: L20000207008

We have received your document for DOMINION ELECTRICAL SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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

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) 245-6050.

Letter Number: 120A00025948

Rebekah White Regulatory Specialist II Supervisor

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(A Florida Ellinted Elabitity Company)	
The Articles of Organization for this Limited	Liability Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the fo	llowing:	
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 "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
		
	registered office address on our records, ente	er the name of the new regis
agent and/or the new registered office addr	ress here:	
	Jacob C Ling Co	
Name of New Registered Agent:	Juson C- Juntay	7 / 7/ 00
New Registered Office Address:	4715 KISSIMMEE P	ark Kd Ba
		a
	Saint Cloud	Florida VIII

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

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 Title Name Type of Action Address mGB Jason Puritoy 4715 Kissimmer Park Road Sadd

Saint Cloud FL 34772 DRemove ☐ Change □Ađđ ______ Change □Add __ __ _ □ Change ____ _ _ _ Add _____ Change ___ □ Remove

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If an effe <u>Note:</u>	tive date, if other than the date of filing: 19/16/2006 (optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date in the date on the Department of State's records.	ng.) Pursuant to 605,0207
e record rd is file	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	The 90th day after the
	1 10/16 2020	
Dated _	··	
Dated _	·	
Dated _	Signature of a member or authorized representative of a member Signature of a member Signature of a member	

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