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| (Requestor's Name) |
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| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Essences Entity name, |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | • | |
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| SUBJECT: | nolta Fl | ectric Sorvices | 1.4.6 |
| | Name of Lim | ectric Services ited Liability Company | <u> </u> |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Sandra | a <u>Betancourt</u> Name of Person | |
| | SKy_Ta | Name of Person Ex & Accountin Firm/Company | 9 |
| | 5206 US HWY 98 N | · | • |
| | | Address | , |
| | LAKELAND FL 33809 | | |
| | | City/State and Zip Code | |
| | sales@skynetprofit.com | | |
| For further information c | E-mail address: (oncerning this matter, please c | to be used for future annual report noti all: | fication) |
| SANDRA BETANCOU | RT | 863 337-5989 | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: | |
| Registration S Division of C | | Registration Se Division of Cor | |
| P.O. Box 632 | | The Centre of T | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DELTA ELECTRIC SERVICES | LLC | | |
|--|--|--|-------------------------|
| (<u>Name of the L.in</u> | nited Liability Company as it now a (A Florida Limited Liability Comp | ppears on our records.) any) | |
| The Articles of Organization for this Limited Florida document number <u>1.22000287713</u> | | on <u>06/24/2022</u> | and assigned |
| This amendment is submitted to amend the fo | | | |
| A. If amending name, enter the new name | of the limited liability compar | ny here: | |
| The new name must be distinguishable and contain the | 1 012 112 122 7 | Sala da da sala sala sala sala sala sala | |
| | | the designation "1.1,C" or i | ne appreviation "L.C. |
| Enter new principal offices address, if appl | | | |
| Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | |
| | | | 755 35 |
| Enter new mailing address, if applicable: | | | ဟ္ |
| Mailing address MAY BE A POST OFFICE | E BOX) | | 29 |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office address on o ess here: | our records, <u>enter the i</u> | name of the new registe |
| Name of New Registered Agent: | JIMMY DONAIRE | | - <u>-</u> . |
| New Registered Office Address: | 1099 Ronlin | 5+ r Florida street address | |
| | Hairac Citi | | 23 E UU |

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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> | Address | Type of Action |
|--------------|--------------------------|---------------------------------------|------------------|
| MBR | Elvin N Hernandez Acosta | 2504 Sea Outs Cir N | |
| | | Lakeland FL 33815 | Remove |
| | | | Change |
| MBR | Jimmy Donaire | 1099 Ronlin 5+ | & Add |
| | | Haines City FL 3384 | ∠ □Remove |
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| ecifies a delayed e | ffective date, b | ut not an e | ffective tin | me, at 12:0 | Fa.m. on th | e earlier of: (| b) The 90tl | i day after the |
| Jul | 18+1 | 1 | 2024 | <u> </u> | | | | |
| | Signatur | e of a month | er or author | rized repres | entative of a | member | | |
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