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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07/24/24 BY 60322
UCBAW

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delta Electric Services 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:

Sandra Betancourt
Name of Person

SKy Tax & Accounting
Firm/Company

5206 US HWY 98 N

Address

LAKELAND FL 33809

City/State and Zip Code

sales@skynetprofit.com

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

For further information concerning this matter, please call:

SANDRA BETANCOURT at 863 337-5989
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
MBR	Elvin N Hernandez Acosta	2504 Sea Oats Cir N	<input type="checkbox"/> Add
		Lakeland FL 33815	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Jimmy Donaire	1099 Ronlin St	<input checked="" type="checkbox"/> Add
		Haines City FL 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

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 July 18th 2024

Signature of a member or authorized representative of a member

Jimmy Donaire
typed or printed name of signee

Filing Fee: \$25.00