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COVER LETTER

Division of Corpor	ations		
SUBJECT: B001	5 - ON - THE - GROU Name of Limit	UND ELECTRIC L ted Liability Company	LC
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Nathanie	l Trundy Name of Person	
	Boots-on	1-the-Ground Elec Firm/Company	tric LLC
	412 W.	Hope Drive Lot Address	1 B
	Densac	Cola, FL 32534 City/State and Zip Code	
_	E-mail address: (to	o be used for future annual report notif	ication)
For further information conce	erning this matter, please ca	II:	
Name of Pe	Trundy	at (850) 503 - Area Code Daytime	313 8 Telephone Number
Enclosed is a check for the fo	ollowing 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8007 5 - 0N - 1116 - (Name of the Limited Liability		LLC (rds.)
(A Florida	ty Company as it now appears on our reco a Limited Liability Company)	 /
The Articles of Organization for this Limited Liability C	Company were filed on03/22/	2016 and assigned
Florida document number L 160000 58200	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	Ţ	Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent		further agree to comply with t
incident accept the approximation and experience agent		,

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

_	Ne	are	amending the	e ownership	percentages.
***			,		
		Natha	niel Trundy	90%	
_		Christ	opher Trundy	10%	
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Note: 1	f the date is	nsted, the date nserted in thi		rior to date of filing or more plicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as
			yed effective date, but record is filed.	not an effective tim	e, at 12:01 a.m. on the earlier of
Dated _	Decen	nber	14 . 2019		<i></i>
		· - ·- ·-	Nath Signature of a member or a	uthorized representative of a	a member
			=	•	

Page 3 of 3

Filing Fee: \$25.00