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U3/11/19--U1018--U20 **25.0U

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COVER LETTER

Division of Corporations					
SUBJECT: Burt Electric LC 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:					
Bobby L Burt JR Name of Person					
Bust Electric UC					
5314 E. Whteway DRIVE					
Temple 1-cryace, F.133417 City/State and Zip Gode bourt 800 @ gmail- (0h) E-mail address: (to be used for fluore annual report notification)					
For further information concerning this matter, please call:					
Bubby 1 Burt Je at (813) 484-4740 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

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

Liability Company as it now appears on our records.)
Florida Limited Liability 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 following: 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Aloridà street Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Man AMBR = Auti	ager horized Member			
Title CEO,= AMBR-	Name Bubby Bubby L.	LBurt JR	Address 205314 E. White Temple Terrace F1 5314 E whitewer Temple Terrace F1	Type of Action OR 33 Lo 1 TRemove Remove Change 334 17
4MO-		·		Remove
				Change
		<u></u>		Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please update with EIN #
83-339036
n rage 2 only one authorized
member Bobby I Bust JR.
+ He CeO, AMBYZ 5314 E. Whiteway Or
Temple Terrace Fl 93617
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) 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 3/7/19 . Z019 .
Signature of a member or authorized representative of a member
Bubing L Burt Jr Typed or printed name of signee

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Filing Fee: \$25.00