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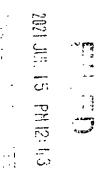
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COVER LETTER

TO: Registration S Division of Co					
ELECTRIC BOARDING COMPANY LLC					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MEGHAN STOCKER				
	••	Name of Person			
WALTER'S SANDERS & ASSOCIATES PA					
Firm/Company				•	
16528 N DALE MABRY HWY					
Address					
	TAMPA, FL 33618				
		City/State and Zip Code		. ~	
	MEGHAN@WALTERSAN			120 120 120	. ~~.
For further information	E-mail addiess: (concerning this matter, please c	to be used for future annual report notificall:	ation)	2021 JUL 15 PH 12: 43	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MEGHAN STOCKER		813 961-0094 at ()		TO PR	,]
Name	of Person	Area Code Daytime T	Felephone Number	12: 43	^ IIP
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELECTRIC BOARDING COMPANY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on (14/26/2019) and assigned Florida document number 1.19000113945 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8503-B SUNSTATE STREET Enter new principal offices address, if applicable: MAILBOX #5 (Principal office address MUST BE A STREET ADDRESS) TAMPA, FL 33634 8503-B SUNSTATE STREET Enter new mailing address, if applicable: MAILBOX #5 (Mailing address MAY BE A POST OFFICE BOX) TAMPA, FL 33634 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: ۲. N/A Name of New Registered Agent: ಼ N/A New Registered Office Address: Enter Florida street address

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

Florida

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>	Type of Action
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	WILMETTE, IL 60091	≣Remove	
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effective date is listed, the date must be specific at e.g. If the date inserted in this block does not ument's effective date on the Department of	id cannot be prior to meet the applica	o date of filing or ble statutory fi	r more than 90 c ling requireme	lays after filing	,) Pursuant	to 605.0 e listed
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ed JUNE 28TH	2021					
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Typed or printed name of signee