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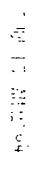
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COVER LETTER

Divi	sion of Corpo	orations					
SUBJECT:	Ricky Blacky	vell Electric LLC					
SOBJECT.		Name of Limit	ed Liability Company				
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.				
Please return	all correspond	dence concerning this matter to	the following:				
		Richard A Blackwell					
Name of Person							
		Ricky Blackwell Electric LL	_C				
Firm/Company							
		2005 SW 202nd ST					
	Address						
		Newberry, FL 32669					
		-	City/State and Zip Code				
	rabwell@gmail.com						
		E-mail address: (to	be used for future annual re	port notification)			
For further in	iformation cor	cerning this matter, please cal	1:				
Richard Bla	ckwell		352 219	-5190			
	Name of I	Person	Area Code	Daytime Telephon	e Number		
Enclosed is a	check for the	following amount:					
□ \$25.00 F		□ \$30.00 Filing Fee &	■ \$55.00 Filing Fee &		660.00 Filing Fee,		
G \$25.001	ming rec	Certificate of Status	Certified Copy (additional copy is enclosed)	osed)	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

Ricky Blackwell Electric 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 ______06/18/2019 and assigned Florida document number L19000160169 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC NA 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 ne registered agent and/or the new registered office address here: NA Name of New Registered Agent: NA 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.

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Richard A Blackwell	2005 SW 202nd ST Newberry,FL 32669	■ Add
			Remove
		 	☐ Change
			Add
			☐ Remove
			Change
		·	Remove
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		<u> </u>	Remove
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Effective date, if other than the of an effective date is listed, the date must	ate of filing:	- v - fax - af Citina - a a a a a a a a	(optional)	405 0207
Note: If the date inserted in this block-document's effective date on the Dep	k does not meet the appli	cable statutory filing requ	irements, this date will	not be listed as
e record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m. on	the earlier of
July 10	2019			
Dated		_ ;		
D. 1 . //	01 / 11	/		
- Kicharl	Black Grant of a member or alul	norized representative of a n	nember	
•	-G	p	• •	
Richard Blackwell				
	Typed or nrin	ted name of signee	····	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00