

11/11/21, 11:50 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000418392 3)))



H210004183923ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : I20050000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 NOV 12 AM 10:17

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: INFO@ACTIVATEMYLICENSE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ENERGY RESTORATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

NOV 15 2021

A. LUNT

2021 NOV 12 AM 11:10

QUARANTINE

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Corporate Filing Menu

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**COVER LETTER** (((H21000418392 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: ENERGY RESTORATION 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:

ANDREA SPAS

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

info@activatemylicense.com

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

For further information concerning this matter, please call:

ANDREA SPAS

Name of Person

813

Area Code

932-5244

Daytime Telephone Number

Enclosed is a check for the following 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:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H21000418392 3)))

ENERGY RESTORATION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 NOV 11 PM 11:55  
 SECRETARY OF STATE  
 DIVISION OF CORPORATE  
 REGISTRATION

The Articles of Organization for this Limited Liability Company were filed on 11/2/2021 and assigned

Florida document number L21000474347.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BOOST ELECTRIC LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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 added or removed from our records:

((H21000418392 3)))

**MGR = Manager**

**AMBR = Authorized Member**

[illegible]

((H21000418392 3)))

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

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DIVISION OF CORPORATIONS  
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F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing, \_\_\_\_\_ (specify date)  
(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)

**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 11.11 2021

2. Alice

Signature of a member or authorized representative of a member

Danijel Malic

Typed or printed name of signee

**Filing Fee: \$25.00**