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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 19 2008

EXAMINER

LO8-60331

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infrastructure Design Solutions 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:

Jessica L. Christoffel
(Name of Person)

Infrastructure Design Solutions, LLC | IDS369 LLC
(Firm/Company)

17633 GUNN HWY #159
(Address)

ODESSA, FL. 33556
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica L. Christoffel at (727) 498 4911
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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

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

Infrastructure Design Solutions, 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 June 19, 2008 and assigned Florida document number LO8000060331.

This amendment is submitted to amend the following:

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

IDS360 LLC

The new name must be distinguishable and end with 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)

17633 GUNN HWY

#159

ODESSA, FL 33556

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17633 GUNN HWY

#159

ODESSA, FL 33556

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:

Jessica Lynn Christoffel

New Registered Office Address:

17633 GUNN HWY #159

(Enter Florida street address)

ODESSA

(City)

Florida

33556

(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

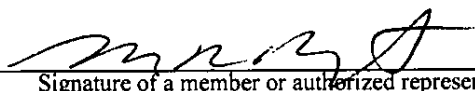
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MASON R RUPERT	5700 CLOUDS PEAR DR LUTZ FL 33558	☐ Add ☒ Remove
MGRM	Jessica Lynn Christoffel	17633 GUNN HWY # 159 ODESSA FL 33556	☒ Add ☐ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

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

Dated Aug 13, 2018



Signature of a member or authorized representative of a member

MASON R RUPERT

Typed or printed name of signee