

L13000051259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

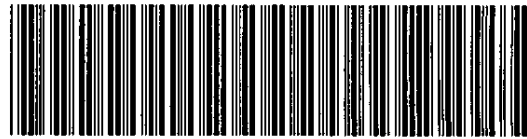
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700262333317

07/22/14--01006--008 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 22 PM 4:28

JUL 22 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Infrastructure Solutions Company 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:

Carlos Torres

Name of Person

Infrastructure Solutions Company LLC

Firm/Company

8950 SW 74th Court, 22nd Floor Suite A-44

Address

Miami, FL 33156

City/State and Zip Code

ctorres@infrasolcorp.com

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

For further information concerning this matter, please call:

Carlos Torres

Name of Person

305 788-9814

at ()

Area Code

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/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 Solutions 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 04/08/2013 and assigned Florida document number L13000051259.

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 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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE SERVICES
16 JUL 22 PM 4:22

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: Zhaohong Meng

New Registered Office Address: 8950 SW 74 COURT 22 FLOOR STE A-44
Enter Florida street address

Miami, Florida 33156
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Zhaohong Meng	8950 SW 74 COURT 22 FLOOR STE A-44	<input checked="" type="checkbox"/> Add
		Miami FL 33156	<input type="checkbox"/> Remove
MGRM	Kuanming Li	8950 SW 74 COURT 22 FLOOR STE A-44	<input type="checkbox"/> Add
		Miami FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

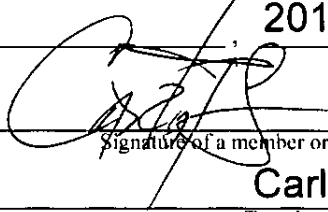
FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 18 JUL 22 PM 4:28

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 18 2014



Signature of a member or authorized representative of a member

Carlos Torres

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 22 PM 4:28