

L13000051259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

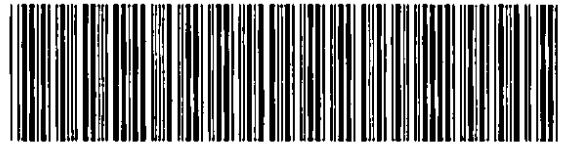
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
2019 JAN 11 P 10:26

FILED

11/23/18



RECEIVED DEC 17

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2018

CARLOS TORRES  
14343 COMMERCE WAY  
MIAMI LAKES, FL 33016

SUBJECT: INFRASTRUCTURE SOLUTIONS COMPANY LLC  
Ref. Number: L13000051259

We have received your document for INFRASTRUCTURE SOLUTIONS COMPANY LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 518A00025072

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DIVISION OF CORPORATIONS  
FLORIDA  
DEC 11 11 50 AM '18

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518A00025072

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

14343 COMMERCE WAY  
Address

MIAMI LAKES, FL 33016  
City/State and Zip Code

C.TORRES@INFASOLCORP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS TORRES at (305) 788-9814  
Name of Person 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

STATE OF FLORIDA  
TALLAHASSEE, FL 32301

2019 JAN 11 P 10:26

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**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 1/2/2019 and assigned Florida document number \_\_\_\_\_.

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 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:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Carlos Delgado</u>	<u>20515 Leeward Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Cutler Bay, FL 33189</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Edward Batista</u>	<u>4710 Ingraham Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL 33133</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 JAN 11 PM 10:26  
 ALLAN HASSLER, FIC 1004  
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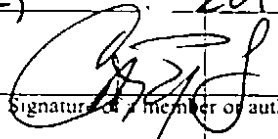
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


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 2019 JAN 11 P 0:25  
 MAIL ROOM  
 STATE OF FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
*(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 JANUARY 02, 2019.

  
 Signature of member or authorized representative of a member

CARLOS TORRES  
 Typed or printed name of signer