

113000051259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

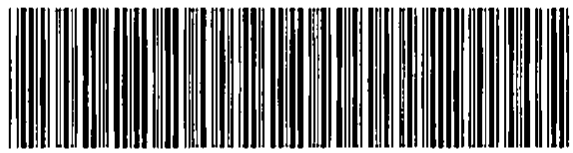
(Business Entity Name)

(Document Number)

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

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19 AUG 13 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 19 2019  
T SCHROEDER

**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  
ctorres@infraso1corp.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Torres                                  305                  788-9814  
\_\_\_\_\_  
Name of Person                                  at (                          )                  Daytime Telephone Number  
   Area Code

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 01/02/2019 and assigned Florida document number L130000512359.

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)

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19 AUG 13 AM 11:28  
STATE OF FLORIDA  
TALLAHASSEE COUNTY

**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>
MGRM	Edward Batirta	4710 Ingraham Terrace Coral Gables, FL 33133	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		To: Manager and Authorized Member	<input checked="" type="checkbox"/> Change
MGRM	Carlos Delgado	20515 Leeward Lane Cutler Bay, FL 33189	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		To: Manager and Authorized Member	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

19 AUG 18 AM 1:25  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TAX AUTHORITY DIVISION

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

Lined area for providing additional information or changes.

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19 AUG 13 AM 11:20  
STATE OF FLORIDA  
FALLS BOUNDARY

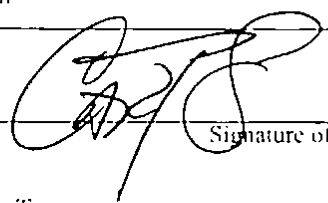
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 August 8th 2019



Signature of a member or authorized representative of a member

Carlos Torres

Typed or printed name of signee