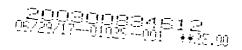
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COVER LETTER

TO: Registration S Division of Co			
INTELLIC SUBJECT:	GENT INFRASTRUCTURE S	OLUTIONS, LLC	
Sobarci:			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FRANK HARRISON		
		Name of Person	
	INTELLIGENT INFRAS	TRUCTURE SOLUTIONS, LLC	
		Firm/Company	
	2450 ROSE LANE		
		Address	
	ST. JAMES CITY, FL 33	956	
	DINERGLANDONA COMA	City/State and Zip Code	
	PINEISLANDCPA@GMA	 (II).COM (to be used for future annual report notif 	icution)
For further information c	concerning this matter, please o		
MICHAEL KRAUS		239 272-4329 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t ■ \$25.00 Filing Fee	he following amount: S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, 20 Certificate of Status & Certified Copy (additional copy is enclased)
			28

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTELLIGENT INFRASTRUCTURE 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 02/04/2011 and assigned Florida document number L11000015917This 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 "LLC." 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

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>	Address	Type of Action
MGRM	THOMAS ESCH	140 E. HILO ST.	
		NAPLES, FL 34113	Remove
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			☐ Change
			
			☐ Remove
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			Remove 25 Change
			Add
			Remove

	 		
			
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ffective date, if other than the date of an effective date is listed, the date must be specified.	of filing;	(optio	nal)
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ocument's effective date on the Departm	ient of State's records.		
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Page 3 of 3

Filing Fee: \$25.00