

L15000085700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

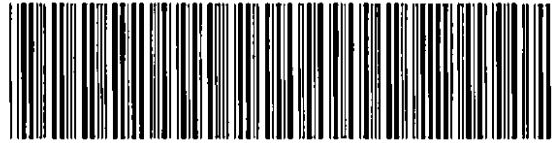
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2022 JUN -1 AM 1:36
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walsh Infrastructure Management, 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:

Erin DuBose

Name of Person

Walsh Infrastructure Management, LLC

Firm/Company

929 W. Adams Street

Address

Chicago, IL 60607

City/State and Zip Code

edubose@walshgroup.com

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

For further information concerning this matter, please call:

Erin DuBose

312 492-1580

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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

Walsh Infrastructure Management, 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 2015 and assigned
Florida document number L15000085700.

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)

929 W. Adams Street

Chicago, IL 60607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

929 W. Adams Street

Chicago, IL 60607

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TALLAHASSEE, FL

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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

Florida 32301

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.

Denise A. Ciriaco

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>
MGR	Sean C. Walsh	929 W. Adams Street	<input checked="" type="checkbox"/> Add
		Chicago, IL 60607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel P. Walsh	929 W. Adams Street	<input checked="" type="checkbox"/> Add
		Chicago, IL 60607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert D Storm	5751 Louisiana Ave	<input type="checkbox"/> Add
		New Port Richey, FL 34652	<input checked="" type="checkbox"/> Remove
			<input 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

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CLERK OF DISTRICT COURT
JAN 1 2022

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

FEI/EIN Number should be changed to 46-4116156

The Annual Report dated 4/06/22 should be deleted, and a new Annual Report for 2022 must be filed.

The Annual Report dated 4/06/22 was filed by an authorized individual without the consent of

Walsh Infrastructure Management.

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2022 JUN - 1 AM 1:36
TALLAHASSEE, FL

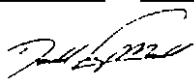
E. Effective date, if other than the date of filing: _____ (optional)

(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 June 1, 2022



Signature of a member or authorized representative of a member

Digitally signed by Darrell J. Leigh-Manuell
Date: 2022.06.02 10:56:35-04'00'

Darrell J. Leigh-Manuell

Typed or printed name of signee

Filing Fee: \$25.00