118000097912

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SECRETARY OF STAFE
DIVISION OF CORPORATIONS

N COOPER NAY 1 6 2018

COVER LETTER

Divi	ision of Corp	porations			
SUBJECT:	Infrastructu	re Underwater, LLC			
ochice		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Stephanie Wright			
			Name of Person		
		Infrastructure Engineers, L	LC		
		Firm/Company			
		12596 W. Bayaud Ave, Su	iite 300		
			Address		
		Lakewood, CO 80228			
			City/State and Zip Code		
		swright@go-iei.com		<u></u>	
		E-mail address: (to be used for future annual report notific	cation)	
For further in	iformation co	oncerning this matter, please co	all:		
Stephanie W	right		888 451-6822 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling 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

TO:

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 Underwater, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our re rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L18000097912	y Company were filed on 4/20/2018	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
		Wish
		HAY
Enter new mailing address, if applicable:		OF CR
(Mailing address MAY BE A POST OFFICE BOX)		≥ RPGD
Muning unuress MATT BETTT OFF OF THE BOXY		OR I
		0 0
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our rec ddress here:	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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>	Type of Action
AMBR	Frank Hickson	2121 Old Hickory Tree Road	■ Add
		St. Cloud, FL 34772	Remove
			□ Change
AMBR	David Orr	2121 Old Hickory Tree Road	
		St. Cloud, FL 34772	□ Remove
		 	Change
AMBR	Rebecca Pender	2121 Old Hickory Tree Road	
	St. Cloud, FL 34772	St. Cloud, FL 34772	□ Remove
			☐ Change
AMBR	Kerri Ingham	12596 W. Bayaud Ave, Suite 300	■ Add
		Lakewood, CO 80228	□ Remove
			Change
AMBR	David Dodd	15 Pelham Davis Circle	■ Add
		Greenville, SC 29615	□ Remove
			Change
			Add
			□ Remove
			☐ Change

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				TAY
				
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ffective date	if other than the date (of filing	(or	ational)
ote: If the da	e is listed, the date must be spe te inserted in this block doe ective date on the Departme	of filing: cific and cannot be prior to date es not meet the applicable sta ent of State's records.	of filing or more than 90 days af atutory filing requirements, t	ter filing.) Pursuant to 605.02 his date will not be listed
	ecifies a delayed effec ay after the record is	ctive date, but not an e filed.	effective time, at 12:01	La.m. on the earlier
ated	May 7	2018	Ma	
				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00