

L18000097912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

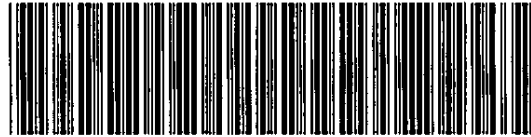
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 14 AM 9:07

N COOPER
MAY 16 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Infrastructure Underwater, 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:

Stephanie Wright

Name of Person

Infrastructure Engineers, LLC

Firm/Company

12596 W. Bayaud Ave, Suite 300

Address

Lakewood, CO 80228

City/State and Zip Code

swright@go-iei.com

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

For further information concerning this matter, please call:

Stephanie Wright

888

451-6822

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/COURIER ADDRESS:

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

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>
AMBR	Frank Hickson	2121 Old Hickory Tree Road	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Orr	2121 Old Hickory Tree Road	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rebecca Pender	2121 Old Hickory Tree Road	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kerri Ingham	12596 W. Bayaud Ave, Suite 300	<input checked="" type="checkbox"/> Add
		Lakewood, CO 80228	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Dodd	15 Pelham Davis Circle	<input checked="" type="checkbox"/> Add
		Greenville, SC 29615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 14 PM 5:07

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 May 7, 2018

Signature of a member or authorized representative of a member

David R. Reser, PE

Typed or printed name of signee