000000039

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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Y SULKER DEC 1 4 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/13/2021	_	*WALK IN**
ENTITY NAME HUXTE	D TRENCHLESS	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETU	URN
XXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
***	PLEASE OBTAIN THE FOLLOWING FOR THE ABC Certified Copy of Arts & Amendments	OVE ENTITY**
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICAT	TION
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$25	ACCOUNT	#: I20160000072
	5,	8 F/6
Please call Tina at t	he above number for any issues or concern	s. Thank you so much!

COVER LETTER

TO:			on Section of Corporations				
SUBJE	ECT:	них	TED TUNNELING, LLC			_	
			Name of I	Foreign	Limited Lia	ability Co	mpany
Dear S	ir or N	⁄ladar	n:				
The en	closed	l appl	ication, certificate and	fee(s) ar	re submitted	d for filing	3 .
Please	return	all c	orrespondence concern	ing this	matter to th	e followii	ng:
MARC	ELO A	FONS	60				
			Name of Person				
HUXTE	ED TR	ENCH	ILESS, LLC				
			Firm/Company		-	_	
14333 I	HIGHV	VAY 3	34 SOUTH BI				
			Address				
FARMI	INGDA	ALE, N	NJ 07727				
		_	City/State and Zip	Code		_	
		-	liance.com				
E-ma	ail add	tress:	(to be used for future a	innual re	port notific	cation)	
For fur	ther in	nform	ation concerning this n	ıatter, p	lease call:		
URS A	gents A	ATTN	Kanetha Bishop	£	800	567-43	397
		Na	ame of Person			ie & Dayt	ime Telephone Number
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			
≘\$ 251			is a check for the follo \$30 Filing Fee & Certificate of St	: [mount:] \$55 Filin Certified	_	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on the records of State: HUXTED TUNNELING, LLC	
Enter new principal office 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)	
2. The Florida document number of this limited liability company is:	M10000003919
3. Jurisdiction of its organization: DE	1331
4. Date authorized to do business in Florida: 09/02/2010	
SECTION II (5-9 complete only the applicable changes)	- デー (A)
5. New name of the limited liability company: HUXTED TRENCH (must contain "Limited	LESS, LLC
(musi contain "Limited	Liability Company, L.L. & Company
(If name unavailable, enter alternate name adopted for the purpose of copy of the written consent of the managers or managing members a must contain "Limited Liability Company," "L.L.C." or "LLC.")	f transacting business in Florida and attach a dopting the alternate name. The alternate name
6. If amending the registered agent and/or registered officer address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act the provisions of all statutes relative to the proper and complete perfand accept the obligations of my position as registered agent as provide document is being filed to merely reflect a change in the registered of liability company has been notified in writing of this change.	formance of my duties, and I am familiar with ideal for in Chapter 605, F.S. Or, if this

1. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
		<u> </u>	=Remo	
				
			TRemo	
			□Add	
			⊒Remo	
			□Add	
			ERemo	
			⊐Add	
aforementioned arr	he law of which this entiry is organ	the official having custody of recornized. The first state of the custody of recornized representative	= Remo	

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HUXTED TUNNELING,

LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"HUXTED TRENCHLESS, LLC" ON THE SEVENTH DAY OF DECEMBER, A.D.

2021, AT 4:46 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUXTED TRENCHLESS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2010.



Authentication: 204935022 Date: 12-10-21

4864462 8320 SR# 20214047005