7/26/2017

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000195739 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one: email address please. \*\*

Email	Address:	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CB&I FEDERAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

O SIVINONS Help JUL 27 2017

 $\iota_{i_2}$ 

1/1

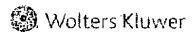
## **FAX COVER SHEET**

ТО		
COMPANY		
FAXNUMBER	18506176383	
FROM	Kimberty Laughrey	
DATE	2017-07-26 13:05:24 CST	
RE	CB&IFEDERALSERVICES, LLC	

### **COVER MESSAGE**

Robert Sholl Associate Fulfillment Specialist Global Fulfillment Operations CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Wilmington, DE 19801, www.wolterskluwer.com

Confidentiality Notice: This email and its attachments (if any) contain confidences information of the sender. The information is intended only for the uso by the identical addressees of the angine scenics of this email of you are not an intended conjugated the original sender (or responsible for detivering the message to such person), you are beauty actioned that any review, dischause copying, distribution or the training of any action in tenance of the contents of and actionments to this small it strainy matchined. If you have received this email in over, please immediately notify the tender at the address shown or an and accommentally delete any codes or this email (digital or papertic your possession).

٠r٠,

# **COVER LETTER**

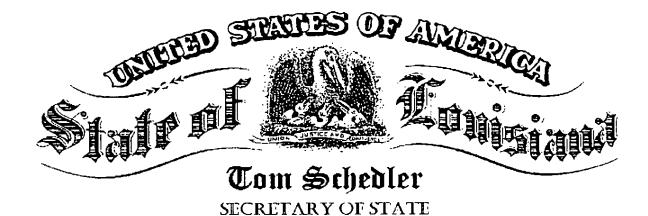
Division of Corporations		
SUBJECT: CB&I Federal Services LLC		
Name of Foreign	Limited Liability Comp	pany
Dear Sir or Madanı:		
The enclosed application, certificate and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	:
	··	
Name of Person		
Ti (C		
Firm/Company		
Address	<del> </del>	
City/State and Zip Code	<del></del>	
Melissa.Harrell@aptim.com E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this matter, pl		
Name of Person	at () Area Code & Daytin	ne Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:  \$\Begin{align*} \text{S25 Filing Fee} & \Begin{align*} \text{S30 Filing Fee} & \text{Certificate of Status} \end{align*}  CR2E055 (12/14)	□ \$55 Filing Fee & Certified Copy	□ \$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)

State: CB&I Federal Services LLC	
. The Florida document number of this	s limited liability company is: M13000003140  isiana  dorida: 05/17/2013  applicable changes)  ompany: Aptim Federal Services, LLC  (mus: contain "Limited Liability Company, " "L.L.C." or "LLC.")
. Jurisdiction of its organization: Loui	isiana
. Date authorized to do business in Fl	lorida: <u>05/17/2</u> 013
ECTION II (5-9 complete only the	applicable changes)
New name of the limited liability co	ompany: Aptim Federal Services, LLC (mus: contain "Limited Liability Company, " "L.L.C.," or "LLC.")
onsent of the managers or managing members adoption pany," "L.L.C." or "L.L.C.")	for the purpose of transacting business in Florida and attach a copy of the written pting the alternate name. The alternate name must contain "Limited Liability."  [Vor registered office address on our records, enter the name of the registered office address here.
	a regimered office address trave
vame of New Registered Agent:	
	Emer Flurida Street Address
	Emer Flurida Street Address, Florida
comply with the provisions of all status duties, and I am familiar with and accordingly for in Chapter 605, F.S. Or i	City, Florida
New Registered Office Address:  New Registered Agent's Signature, if of thereby accept the appointment as regionally with the provisions of all status that is, and I am familiar with and accordingly with the provisions of all status that is, and I am familiar with and accordingly with an accordingly with an accordingly with an accordingly with a with	changing Registered Agent: gistered agent and agree to act in this capacity. I further agree tes relative to the proper and complete performance of my ept the obligations of my position as registered agent as if this document is being filed to merely reflect a change in the firm that the limited liability company has been notified in
New Registered Office Address:  New Registered Agent's Signature, if of thereby accept the appointment as regionally with the provisions of all status that is, and I am familiar with and acceptively of the appointment of the provided for in Chapter 605, F.S. Or, registered office address, I hereby constraint of this change.	changing Registered Agent: gistered agent and agree to act in this capacity. I further agree tes relative to the proper and complete performance of my ept the obligations of my position as registered agent as if this document is being filed to merely reflect a change in the

fitle/ Capacity	Name	Address	Type of Action
MGRM	Ray, Edgar C	4171 Essen Lane	🗆 Add
		Baton Rouge, LA 70809	Ď Remove
MGRM	Baughman, Gary	4171 Essen Lane	03 Add
		Baton Rouge, LA 70809	Remove
			Remove
			Remove Of CORROLL 31
			PAdd CS ₹
			Remove 3
aforement	is a certificate, if required: no mo ioned amendment(s), duly autho in under the law of which this cn	ore than 90 days old, evidencing the enticated by the official having custody atity is organized.	y of records in the
·	Signatur	e of the authorized representative	
	17		



As Secretary of State of the State of Louisiana I do hereby Certify that

the attached document(s) of

### **APTIM FEDERAL SERVICES, LLC**

are true and correct and are filed in the Louisiana Secretary of State's Office.

42723168 NMCHG 07/07/2017 2 pages

ail Par

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 7, 2C17

Secretary of State
AP 35256513K



Certificate ID: 10846717#MVM73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

### ARTICLES OF AMENDMENT TO THE ARTICLES OF ORGANIZATION OF CB&I FEDERAL SERVICES LLC

The undersigned, being the sole member of CB&! Federal Services LLC, a Louisiana limited liability company (the "Company"), does hereby execute in the name of the Company, these Articles of Amendment to the Articles of the Company, amending the original Articles of the Company, as set forth herein below.

Article I: The name of the limited liability company is CB&I Federal Services LLC.

The date of the filing of the Articles: April 23, 2002. Article II:

The following Amendment to the Articles of the Company was adopted by Article III: the sole member of the Company in the manner prescribed by law.

RESOLVED, that Article I of the Articles shall be amended to provide as quoted below:

### "ARTICLE 1 - Name

The name of the limited liability company is Aptim Federal Services, LLC (the "Company")."

In all other respects the Articles of the Company shall remain unchanged.

The Amendment to the Articles of the Company was approved by the sole Article IV: member of the Company effective as of the date of execution of this instrument.

BY CB&I GOVERNMENT SOLUTIONS, LLC, its

sole member

3y:\_\_\_\<u>\/\\\</u>

Name James Van Hom Title: Responsible Officer

State of TEXHS
DON'T OF MONTSONCE

I. PRENDA MODY the undersigned Notary Public, do hereby certify that on this 2R day of JUNE . 2017, personally appeared before me, James Van Horn, known to be the Responsible Officer of CB&I Government Solutions, LLC who signed the foregoing Articles of Amendment to the Articles of Organization for its stated purpose.

BRENDA MOODY

Notary Public State of Texas Comm. Expires 10-08-2020 Notary ID 10658399 No. 10658399 My Commission Expires: 10-08-2020

2 (Signature page of Articles of Amendment of CB&! Federal Services LLC)