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Office Use Only



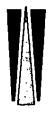
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FEB 1 7 2020

S. YOUNG

### Company Name Change...



## SURTREAT\*



### Surtreat South, LLC

Office Phone. (954) 784-7777

E-Mail: surtreatsouth@gmail.com

TO: Florida Department of State – Division of Corporations Registration Section

RE:

Change of company name

DATE:

Monday, January 13, 2020

NOTE: Attached please the complete form(s) as to change my company name from *Surtreat South*, *LLC* to *Infrastructure Solutions*, *LLC*. I have attached the Certificate of Amendment from the State of Georgia. Lastly, I have enclosed check #2647 in the amount of \$60.00. If anyone has any questions, please either e-mail me or call me at your convenience. Thank you.

Michael J. Horan III

### **COVER LETTER**

TO:	•		Section Corporations				
SUBJE	ECT: _	Surtro	cat South, LLC				
			Name of Fore	eign L	imited Lial	oility Cor	mpany
Dear S	ir or Mad	dam					
The en	iclosed ap	plic	eation, certificate and fee(	(s) are	submitted	for filing	
Please	return al	l cor	respondence concerning	this n	natter to the	followin	g:
Michae	l J. Horan	ill					
			Name of Person		10 0 10	_	
Surtreat	t South, Ll	LC					
			Firm/Company			_	
3241 H	oliday Spr	ings	Blvd #401			_	
			Address				
Margate	e, FL 330	63					
			City/State and Zip Co	ode		_	
surtreat	south@gn	nail.c	om				
E-m	ail addre	ss: (	to be used for future annu	ual rep	ort notifica	ation)	
For fur	ther info	rmai	tion concerning this matte	er, plc	ease call:		
Michae	l J. Horan	Ш		at	954		77
		Nan	ne of Person		Area Code	e & Dayt	ime Telephone Number
	Mailing	Addı	ress:			Street A	ddress:
			1 Section				ation Section
			Corporations			Divisio	n of Corporations
	P.O. Bo	ox 6.	327			The Cer	ntre of Tallahassee
	Tallaha	ssee	F, FL 32314				. Monroe Street, Suite 810 ssee, FL 32303
	Enclose	d is	a check for the following	ng am	ount:		
□\$25	Filing Fo		S30 Filing Fee &	-	\$55 Filing	Fee &	■ \$60 Filing Fee,
	Ū		Certificate of Status		Certified (		Certificate of Status & Certified Copy
CR2E05.	5 (9/15)						

2

### 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: Surtreat South, LLC			
Enter new principal office address, if applicable:	le: 8612 Banks Mill Road		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Winston, GA 30187		20 7
			に (5 × ラー・-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same		AND CORPORATION AND CORPORATION OF STATE
2. The Florida document number of this limited lia	ability company is: MI	6000004244	· · · · · · · · · · · · · · · · · · ·
3. Jurisdiction of its organization: State of Georgia	<b>1</b>		
4. Date authorized to do business in Florida: $\frac{05/2}{}$	4/2016		
SECTION 11 (5-9 complete only the applicable			
5. New name of the limited liability company: In	frastructure Solutions, I.	LC	
(mus	st contain "Limited Lial	onity Company, ""L.L	.C., or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopt	sacting business in Flo ing the alternate name.	rida and attach a The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on or ddress here:	ir records, enter the na	me of the new
Name of New Registered Agent: Michael J. Hora	n		·
New Registered Office Address: 3241 Holiday Sp	orings Blvd #401		
Ma	Ente rgate	er Florida Street Addre	33063
<u></u>	City	, Florida [	Zip Code
New Registered Agent's Signature, if changing Rel I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the first statement of the company has been notified in writing of the first statement of the company has been notified in writing of the company has been	nt and agree to act in the and complete performe tered agent as provided in the registered office as change.	ance of my duties, and for in Chapter 605, F.	I am familiar with S. Or, if this firm that the limited

If the amendment change	8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  No change				
itle/ Capacity	Name	<u>Address</u>	Type of Action		
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aforementioned am	he law of which this entity is orga	y the official having costody of records i	☐Removin the		

Filing Fee: \$25.00

Control Number: 14112422

### STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF AMENDMENT

NAME CHANGE

1, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Surtreat South, LLC a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 01/03/2020 changing its name to

Infrastructure Solutions, LLC a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 01/09/2020.



Brad Raffonsperger

Brad Raffensperger Secretary of State