

M20000005224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

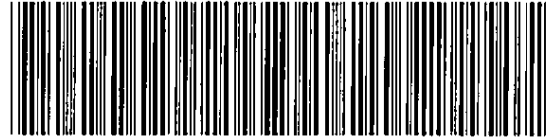
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Rec. 10/29/23

FILED

2023 OCT 29 AM 9:11

SECRETARY OF STATE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Drexel Hamilton Infrastructure Partners GP, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Keller

Name of Person

DHIP Group

Firm/Company

400 W. Morse Blvd., Suite 220

Address

Winter Park, FL 32789

City/State and Zip Code

dkeller@dhipgroup.com

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

For further information concerning this matter, please call:

Danielle Keller

at ( 407 ) 951-6918

Name of Person

Area Code & Daytime 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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Drexel Hamilton Infrastructure Partners GP, 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: M20000005224

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/11/2020

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: DHIP Group, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.



\_\_\_\_\_  
Signature of the authorized representative

Mark Michel

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "DREXEL HAMILTON  
INFRASTRUCTURE PARTNERS GP, LLC", CHANGING ITS NAME FROM  
"DREXEL HAMILTON INFRASTRUCTURE PARTNERS GP, LLC" TO "DHIP  
GROUP, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF  
AUGUST, A.D. 2023, AT 4:43 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6927110 8100  
SR# 20233314614

Authentication: 204022505  
Date: 08-23-23

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE OF DELAWARE**  
**CERTIFICATE OF AMENDMENT**  
**OF**  
**DREXEL HAMILTON INFRASTRUCTURE PARTNERS GP, LLC**

1. The name of the Delaware limited liability company is "Drexel Hamilton Infrastructure Partners GP, LLC" (the "**Company**"). The file number of the Company is 6927110.

2. The Certificate of Formation of the Company is hereby amended as follows:

Section 1 of the Certificate of Formation shall be deleted in its entirety and replaced with the following:

"1. The name of the limited liability company is "DHIP Group, LLC."

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate on the 22<sup>nd</sup> day of August, A.D. 2023.

By: /s/ Mark A. Michel  
Name: Mark A. Michel  
Title: Authorized Signatory