2002678

(Requestor's Name) (Address)	600380678
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	(2) (2) (2) (2) (3) (4) (4)
(Business Entity Name) (Document Number)	Section 1
Certified Copies Certificates of Status	LORIU*
Special Instructions to Filing Officer:	
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

03/18/2022

D	ate:	03/18/2022	- will
		Acc#I2016000007	2
Name:	Infrastruc	ture Endeavors, LLC	
Document #:			
Order #:	14221870)	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: Filing:	Certifi Plain:		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amou	nt:\$ 55.00	

Thank you!

COVER LETTER

TO: Registration Section

Divi	sion of C	Corporations			
SUBJECT:	Infrastr	ucture Endeavors, LLC			
		Name of Foreig	n Limited Lia	bility Cor	mpany
Dear Sir or M	Madam;				
The enclosed	l applica	ation, certificate and fee(s)	are submitted	l for filing	j.
Please return	all con	espondence concerning thi	s matter to th	e followir	ng:
Lisa Dunning					
		Name of Person			
Kilpatrick To	wnsend &	Stockton LLP			
		Firm/Company		_	
1100 Peachtre	e Street,	NE, Suite 2800			
		Address			
Atlanta, GA 3	0309				
		City/State and Zip Code	<u> </u>		
E-mail add	dress: (1	o be used for future annual	report notific	ration)	
For further in	nformat	ion concerning this matter,	please call:		
Lisa Dunning			404 at (745-25	537
	Nam	e of Person		le & Dayt	ime Telephone Number
Regi Divi P.O.	sion of Box 63	Section Corporations		Division The Ce 2415 N	address: ration Section on of Corporations entre of Tallahassee !. Monroe Street, Suite 810 assee, FL 32303
Encl □\$25 Filing CR2E055 (9/15	, Fee	a check for the following \$30 Filing Fee & Certificate of Status	amount: S55 Filing 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)

1. Name of limited liability Company as it ap	pears on the records of the Florida Department of
State: Infrustructure Endeavors, LLC	
Enter new principal office address, if applicab	le:
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	STORE TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18 PH 3: 20
2. The Florida document number of this limite	ed liability company is: M22000002678
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida:	02/18/2022
SECTION II (5-9 complete only the applica	
5. New name of the limited liability company (Gigapower, LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	opted for the purpose of transacting business in Florida and attach a r managing members adopting the alternate name. The alternate name lL.C." or "LLC.")
6. If amending the registered agent and/or registered agent and/or the new registered offi	istered officer address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida
the provisions of all statutes relative to the pro and accept the obligations of my position as re	g Registered Agent: agent and agree to act in this capacity. I further agree to comply with oper and complete performance of my duties, and I am familiar with egistered agent as provided for in Chapter 605, F.S. Or, if this inge in the registered office address, I hereby confirm that the limited
	If Changing Registered Agent, Signature of New Registered Agent

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
<u>ly</u> <u>Name</u>	Address Type of Act		
	□Ac		
	[]Rei		
	Dad		
	□Rei		
			
	□Re		
	□Re		
ntioned amendment(s), duly authenticated by the official have on under the law of which this entity is organized.	ring custody of records in the		
is a certificate, if required: no more than 90 days old, evidentioned amendment(s), duly authenticated by the official har on under the law of which this entity is organized. Signature of the authorized Nick W. Jones	ring custody of records in the		

Filing Fee: \$25.00

Delaware

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 'INFRASTRUCTURE
ENDEAVORS, LLC', CHANGING ITS NAME FROM "INFRASTRUCTURE
ENDEAVORS, LLC" TO "GIGAPOWER, LLC", FILED IN THIS OFFICE ON
THE SIXTEENTH DAY OF MARCH, A.D. 2022, AT 1:07 O'CLOCK P.M.



Authentication: 202929837

Date: 03-16-22

State of Delaware Secretary of State Division of Corporations Delivered 01:07 PM 03/16/2022 FILED 01:07 PM 03/16/2022 SR 20221026580 - File Number 6618155

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION OF INFRASTRUCTURE ENDEAVORS, LLC

March 16, 2022

Infrastructure Endeavors, LLC, a limited liability company organized and existing under and by virtue of the Delaware Limited Liability Company Act.

DOES HEREBY CERTIFY:

FIRST: The name of the limited liability company (hereinafter called the "limited liability company") is Infrastructure Endeavors, LLC.

SECOND: The certificate of formation of the limited liability company is hereby amended by striking out Article 1 thereof and by substituting in lieu of said Article 1 the following new Article 1:

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

THIRD: That this Certificate of Amendment to the Certificate of Formation shall be effective upon filing.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment to Certificate of Formation of Infrastructure Endeavors, LLC as of the date first written above.

INFRASTRUCTURE ENDEAVORS, LLC

Name: Scott Mair Title: Manager

By: ______ Name: Nick W. Jones

Title: Manager

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment to Certificate of Formation of Infrastructure Endeavors, LLC as of the date first written above.

INFRASTRUCTURE ENDEAVORS, LLC

By: ______ Name: Scott Mair Title: Manager

Name: Nick W. Jones

Title: Manager