M22000016334

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2024

JUILE RICHARDS TRUELINE INFRASTRUCTURE SOLUTIONS PO BOX 120730 MELBOURNE, FL 32912

SUBJECT: ATLANTIC ENGINEERING GROUP, LLC

Ref. Number: M22000016334



We have received your document for ATLANTIC ENGINEERING GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a Florida LLC and your entity is a foreign(out of state) LLC. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 124A00022645

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Atlantic Engineer</u> Name of Foreign I	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Tructine	 -
10 Box 120 730 Address	
McIbourne, FL 32912 City/State and Zip Code	
E-mail address: (to be used for future annual re	Mchire Com port notification)
For further information concerning this matter, ple	case call:
	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 an US25 Filing Fee	nount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy 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	s on the records of the Florida Department of
State: Atlantic Engineeric	ng Group, LLC
Enter new principal office address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address	424 west Drive
MUST BE A STREET ADDRESS)	Melbourne, FL 32904
Enter new mailing address, if applicable:	PO Box 120730
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Melbourne, FL 32912.
4. Date authorized to do business in Florida: , SECTION II (5-9 complete only the applicable of	
5. New name of the limited liability company: 1/1 (must	rueline Infrastructure Solutions, LLC contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name in or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered of nee ac	ed officer address on our records, enter the name of the new ldress here;
Name of New Registered Agent:	<u>-</u>
New Registered Office Address:	Enter Florida Street Address
	Florida City Zip Code
New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered age	gister <u>ed Ag</u> ent: it and agree to act in this capacity. I farther agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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.

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(c), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
			□Remo	
		- ··	□Add	
		-	□Remo	
			□ Петю	
-			□Add	
			Remo	
		. <u>.</u> .		
aforementioned ar	ficate, if required; no more the nendment(s), duly authentica the law of which this entity is	nan 90 days old, evidencing the med by the official having custody of recos organized.	☐Remorning	
		iche authorized representative		

Filing Fee: \$25.00



Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'ATLANTIC ENGINEERING

GROUP, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO 'TRUELINE INFRASTRUCTURE SOLUTIONS, LLC' ON THE SIXTEENTH DAY

OF SEPTEMBER, A.D. 2024, AT 12:49 O'CLOCK P.M.



Authentication: 204459495 Date: 09-23-24