Page 1 of !

Public Access System

Electronic Filing Cover Sheet

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.

(((H09000152469 3)))



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

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878~5368

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CARRIER SALES AND DISTRIBUTION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

١.	Name of limited liability company as it appears on the records of the Florida Department of State: Carrier Sales and Distribution, LLC		
2.	Jurisdiction of its organization: Delaware		
3.	Date authorized to do business in Florida; 1/2/2001		
	SECTION II (4-7 complete only the applicable changes)		
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 05/29/2009	•	
5.	New name of the limited liability company: Carrier Enterprise, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")		
	A SECOND	9	
ři th	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.")	09 JUN 26 I	
6.	If the amendment changes the period of duration, indicate new period of duration:	MH 10: 35	1
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	4 10	
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:	ie	
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisd under the law of which this entity is of anized. Signature of a inconser or the authorized representative of a inember Erin 1. Markey, Authorized Signer Typed or printed name of signee	iction	

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CARRIER SALES AND DISTRIBUTION, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CARRIER ENTERPRISE, LLC", THE TWENTY-NINTH DAY OF MAY, A.D. 2009, AT 11:27 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

09 JUN 26 AM IO: 39
SECRETARY OF STATE

2910121 8320

090650250

You may werify this certificate online at cosp. delegare. gov/authver. shtml

Joffrey W. Bullock, Secretary of State

DATE: 06-25-09