

8/31/2020

Division of Corporations

MIS000005471

Florida Department of State  
Division of Corporations  
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.

((H20000302894 3))



H200003028943ABC

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

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CORIANT NORTH AMERICA, I.L.C

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

V. SULKER

SEP 02 2020

Electronic Filing Menu

Corporate Filing Menu

Help

2020 SEP - 1 P 4: 54  
FILED

2020 SEP - 1 AM 8: 32

# 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: Coriant North America, LLC

2. The Florida document number of this limited liability company is: M15000105471

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/13/2015

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

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

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 office 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

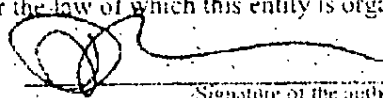
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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

8/19/2020

David L. Teichmann, Manager

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 "CORIANT NORTH AMERICA, LLC". CHANGING ITS NAME FROM "CORIANT NORTH AMERICA, LLC" TO "INFINERA NORTH AMERICA, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JULY, A.D. 2020, AT 12:16 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

2912677 8100  
SR# 20206635891

Authentication: 203428456  
Date: 08-07-20

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

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT


1. Name of Limited Liability Company: Coriant North America, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST. The name of the limited liability company formed hereby is Infinera North America, LLC.

3. The effective date of this amendment shall be July 23, 2020.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 23rd day of July, A.D. 2020

By:   
Authorized Person(s)

Name: David L. Feichmann  
Print or Type