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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

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

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION COX FLORIDA TELCOM, L.P.

Certificate of Status	0
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## **COVER LETTER**

TO:		tration S ion of C	Section Corporations			
SHRI	FCT.	Cox Flor	ida Telcom, L.P.			
301 <b>A</b> )		N	ame of Foreign Limited Pr	artnership or Limited	l Liabil	ity Limited Partnership
The cr	ıclosed	amend	ment and fee(s) are sul	omitted for filing		
Please	return	all corr	espondence concernin	g this matter to:		
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For fu	rther ir	ıformati	on concerning this ma	tter, please call:		
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	Regis Divis P.O.	Box 632	Section Corporations		Regis Divis The C 2415	t Address: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303

## AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership or limite the Florida Department of State is: Cox Florida Telcom, L.P.	ed liability limited partnership as it appears o	n the records of
2. Document Number of Foreign Limited Partne B97000000281	ership or Limited Liability Limited Partnersh	ip: _
2. The jurisdiction of its formation is: Delaware	)	
3. The date the entity was authorized to transact	t business in Florida is: 6/10/1997	_
4. If the amendment changes the name of the lithe new name:	mited partnership or limited liability limited	partnership, enter
Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffix	nership, Limited, L.P., L.P., or Ltd. es: Limited Liability Limited Partnership, L.L.L.P. o	or LLLP.
(If name unavailable in Florida, enter alternate Florida.)	name adopted for the purpose of transacting l	business in
5. If the amendment changes the general partner Name:	er(s), list the name and business address of ea Business Address:	ch general partner:
CoxCom, LLC	6205-B Peachtree Dunwoody Road	Add =
	Atlanta, Georgia 30328	☐Řemove ☐Ćhange
Cox Telcom Partners, L.L.C.	6205-B Peachtree Dunwoody Road	<u>f:</u> Add
	Atlanta, Georgia 30328	Remove Change
		Add Remove Change
		☐Add ☐Remove ☐Change
		Add Remove Change
		Add Remove Change

6. If the amend	Iment changes the jurisdic	tion of organization	on, indicate new jurisdiction:
7. If the amend corrected and t		atement listed in t	he application, indicate the statement being
8. If the amend the appropriate		n election to be a l	limited liability limited partnership statement, check
	The entity elects to be a	limited liability li	mited partnership.
	The entity is no longer a	a limited liability !	imited partnership.
amendment(s),	an original certificate, no duly authenticated by the ty is organized.	more than 90 days official having cu	solds, evidencing the aforementioned stody of records in the jurisdiction under the law of
days after film Note: If the di	g.) ite inserted in this block (	does not meet the	(optional)  cannot be prior to date of filing or more than 90  applicable statutory filing requirements, this date Department of State's records.
Signature of a	general partner:		_
Typed or print	ed name:		
Luis A. Avila			_
Filing Fee: Certified Cop Certificate of	y (optional): Status (optional): \$8.75	\$52.50 \$52.50	