

200284066412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

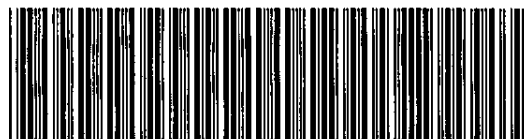
(Business Entity Name)

(Document Number)

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200284066412

RECEIVED  
16 APR - 5 PM 1:53  
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SUFFICIENT OF FILING

FILED  
16 APR - 5 AM 7:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 06 2016

J SHIVERS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 089173 7536381

AUTHORIZATION

COST LIMIT : \$ ~~55.00~~ 55.00

ORDER DATE : April 4, 2016

ORDER TIME : 1:28 PM

ORDER NO. : 089173-015

CUSTOMER NO: 7536381

DOMESTIC AMENDMENT FILING

NAME: VERIZON FLORIDA LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
 PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Verizon Florida LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing:

Please return all correspondence concerning this matter to the following:

Lindsey Paola

\_\_\_\_\_  
Name of Person

Frontier Communications Corporation

\_\_\_\_\_  
Firm/Company

401 Merritt 7

\_\_\_\_\_  
Address

Norwalk, CT 06851

\_\_\_\_\_  
City/State and Zip Code

lindsey.paola@ftr.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Verizon Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/15/2006 and assigned  
Florida document number L06000110564.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Frontier Florida LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

401 Merritt 7

(Principal office address MUST BE A STREET ADDRESS)

Norwalk, CT

06851

Enter new mailing address, if applicable:

401 Merritt 7

(Mailing address MAY BE A POST OFFICE BOX)

Norwalk, CT

06851

**B. 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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee


*City*

, Florida

FILED  
16 APR - 5 AM '06  
TALLAHASSEE, FLORIDA  
32301  
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.*

  
Courtney Williams, Asst. V.P.  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|---------------|------------------|--|
| MGR          | Dan McCarthy  | 401 Merritt 7    | <input checked="" type="checkbox"/> Add    |
|              |               | Norwalk CT 06851 | <input type="checkbox"/> Remove            |
|              |               |                  | <input type="checkbox"/> Change            |
| MGR          | Mark Nielsen  | 401 Merritt 7    | <input checked="" type="checkbox"/> Add    |
|              |               | Norwalk CT 06851 | <input type="checkbox"/> Remove            |
|              |               |                  | <input type="checkbox"/> Change            |
| MGR          | Paul Mattiola | 610 Zack Street  | <input type="checkbox"/> Add               |
|              |               | Tampa, FL 33602  | <input checked="" type="checkbox"/> Remove |
|              |               |                  | <input type="checkbox"/> Change            |
|              |               |                  | <input type="checkbox"/> Add               |
|              |               |                  | <input type="checkbox"/> Remove            |
|              |               |                  | <input type="checkbox"/> Change            |
|              |               |                  | <input type="checkbox"/> Add               |
|              |               |                  | <input type="checkbox"/> Remove            |
|              |               |                  | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

16 APR -5 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 1, 2016

Signature of a member or authorized representative of a member

Mark Nielsen

Typed or printed name of signee