

L13000177020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

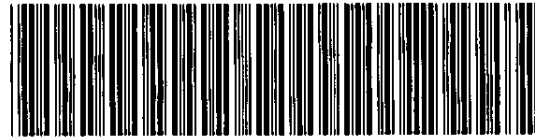
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200255302942

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
JAN 9 1964
FBI - NEW YORK
TO DIRECTOR
FROM SAC, NEW YORK
SUBJECT: [illegible]

FILED
2014 JAN -9 AM 10:20
SECRETARY OF STATE
TALLAHASSEE-FLORIDA

JAN 10 2014
D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 955945 4355598

AUTHORIZATION :

COST LIMIT : \$ 60.00

[Signature]

ORDER DATE : January 9, 2014

ORDER TIME : 2:43 PM

ORDER NO. : 955945-005

CUSTOMER NO: 4355598

DOMESTIC AMENDMENT FILING

NAME: COMCAST OF GREATER FLORIDA/
GEORGIA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE REFLECTING THE NAME
CHANGE: COMCAST OF FLORIDA/GEORGIA/ILLINOIS/MICHIGAN,
LLC.

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

FILED
2014 JAN -9 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Comcast of Greater Florida/Georgia, 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 12/26/2013 and assigned
Florida document number L13000177020.

This amendment is submitted to amend the following:

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

Comcast of Florida/Georgia/Illinois/Michigan, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

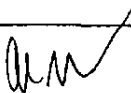
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2011 JAN - 9
 11:10:00
 STATE
 FLORIDA
 RECEIVED

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

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated January 8, 2013



Arthur R. Block, Authorized Person

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN -9 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA