

4/28/2021

Division of Corporations

**MO30000301**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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  
LAMBERTS CABLE SPLICING COMPANY, LLC**

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

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Corporate Filing Menu

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45  
4/29/21

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2021 APR 28 PM 4:52

2021 APR 28 PM 12:31

DocuSign Envelope ID: F854B51F-5906-43A1-A9E6-A62EF4B0943A

# 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: LAMBERTS CABLE SPLICING COMPANY, LLC

Enter new principal office 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

11780 US Highway 1, Suite 600 Palm Beach Gardens, FL 33411

2. The Florida document number of this limited liability company is: M03000000301

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/24/2003

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

5. New name of the limited liability company: Lambert's Cable Splicing Company, LLC  
(must contain "Limited Liability Company," "LLC," or "LLC.")

(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," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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

DocuSign Envelope ID: F854B51F-S906-43A1-A9E6-A62EF4B0943A

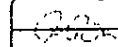
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), 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 checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.

DocuSigned by:



420A2C8677EE469

Signature of the authorized representative

H. Andrew DeFerrari, 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 "LAMBERTS CABLE SPLICING COMPANY, LLC". CHANGING ITS NAME FROM "LAMBERTS CABLE SPLICING COMPANY, LLC" TO "LAMBERT'S CABLE SPLICING COMPANY, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2005, AT 1:32 O'CLOCK P.M.

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FILED



3601362 8100  
SR# 20211480545

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203073099

Date: 04-27-21

FROM CORPORATION TRUST WILM TEAM #2

(FRI) 12/16/05 14:36/ST. 14:35/NO. 4863796781 F 2

State of Delaware  
 Secretary of State  
 Division of Corporations  
 Delivered 01:34 PM 12/16/2005  
 FILED 01:32 PM 12/16/2005  
 SRV 051030620 - 3601362 FILE

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT


1. Name of Limited Liability Company: LAMBERTS CABLE SPLICING COMPANY, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows: changing the FIRST Article to read as follows:

Lambert's Cable Splicing Company, LLC

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 DEPT. OF REVENUE  
 STATE OF DELAWARE

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
 the 16th day of December, A.D. 2005.

By:   
 Authorized Person(s)

Name: Richard L. Dunn, Manager

Print or Type