

M040000000267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

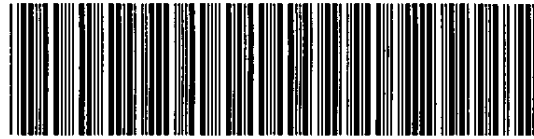
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2008 OCT - 7 A 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. HAMPTON

OCT - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EchoStar Satellite L.L.C., Doc # M04000000267
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Strickland, Sr. Paralegal
(Name of Person)

DISH Network L.L.C.
(Firm/Company)

P.O. Box 6655
(Address)

Englewood, CO 80155
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Strickland at (303) 723-1612
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: EchoStar Satellite L.L.C.

2. Jurisdiction of its organization: Colorado

3. Date authorized to do business in Florida: January 20, 2004

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? February 29, 2008

5. New name of the limited liability company: DISH Network L.L.C.
(must end with "Limited Liability Company," "L.L.C.," 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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

-N/A-

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

-N/A-

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: -N/A-

9. Attached is an original certificate, 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.

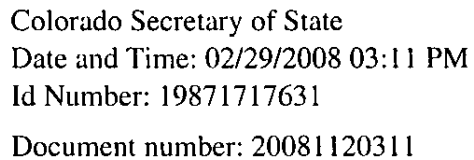

Signature of a member or the authorized representative of a member

Brandon Ehrhart, Director, Sr. Counsel & Asst. Sec. of
Typed or printed name of signee EchoStar DBS Corporation,
Sole Managing member of
DISH Network L.L.C.

Filing Fee: \$25.00

2008 OCT -7 A 10: 3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Document processing fee
If document is filed on paper
If document is filed electronically
Fees & forms/cover sheets
are subject to change.
To file electronically, access instructions
for this form/cover sheet and other
information or print copies of filed
documents, visit www.sos.state.co.us
and select Business Center.

Paper documents must be typewritten or machine printed.

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filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 19871717631

1. Entity name: ECHOSTAR SATELLITE L.L.C.
(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name:
(if applicable) DISH Network L.L.C.

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- ☐ "bank" or "trust" or any derivative thereof
☐ "credit union" ☐ "savings and loan"
☐ "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

OR

If the limited liability company's period of duration as amended is perpetual, mark this box: ☒

6. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Strickland Tracy A.
(Last) (First) (Middle) (Suffix)

P.O. Box 6655

(Street name and number or Post Office Box information)

Englewood CO 80155
(City) (State) (Postal/Zip Code)
United States
(Province - if applicable) (Country - if not US)

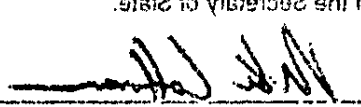
(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

STATE OF COLORADO
DEPARTMENT OF STATE

I hereby certify that this is a true copy of
Document No. _____
consisting of _____ pages filed by the
Colorado Secretary of State in the records
of the Secretary of State.


Secretary of State

by _____
Date _____

