

700395805617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

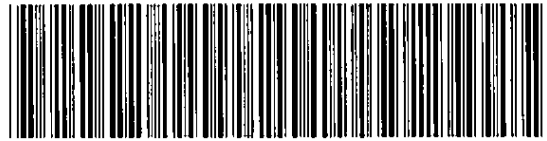
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700395805617

✓
✓ N/C Amend

RECEIVED

2022 NOV - 7 PM 12: 29

FALLAHASSEE, FL 32909

FILED

2022 NOV - 7 AM 11: 37

A. RAMSEY

NOV 08 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/07/2022

Acc#120160000072

W: C D W

Name:	Embarq Network Company LLC
Document #:	
Order #:	14585835

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

**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: Embarq Network Company LLC

Enter new principal office address, if applicable: 100 CenturyLink Drive

(Principal office address

MUST BE A STREET ADDRESS)

Monroe, LA, 71203

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M07000001395

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/09/2007

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

5. New name of the limited liability company: CenturyLink Network Company, LLC
(must contain "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 contain "Limited Liability Company," "L.L.C.," 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.

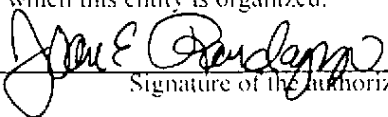
If Changing Registered Agent, Signature of New Registered Agent

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)(c), 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 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

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.



Signature of the authorized representative

Joan E. Randazzo, Assistant Secretary

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 THAT THE SAID "EMBARQ NETWORK COMPANY
LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"CENTURYLINK NETWORK COMPANY, LLC", ON THE THIRTEENTH DAY OF
OCTOBER, A.D. 2022, AT 11:07 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTURYLINK
NETWORK COMPANY, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE
AFORESAID LIMITED LIABILITY COMPANY.




Jeffrey W. Bullock, Secretary of State