

MI000002281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

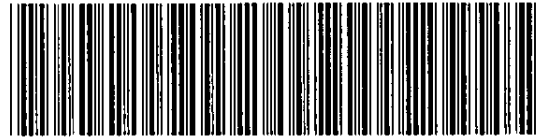
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 17 2015

3 MASON

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

ACCOUNT NO. : I20000000195  
REFERENCE : 872318 4355598  
AUTHORIZATION : *Spudde man*  
COST LIMIT : \$ 25.00

ORDER DATE : November 13, 2015  
ORDER TIME : 9:16 AM  
ORDER NO. : 872318-010  
CUSTOMER NO: 4355598

FOREIGN FILINGS

NAME: COMCAST BROADBAND SECURITY,  
LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY 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: Comcast Broadband Security, LLC M100000281
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 5/20/2010

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

4. New name of the limited liability company: \_\_\_\_\_  
(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.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: The LLC is now manager managed, and its manager is Comcast Cable Communications Management, LLC.
7. Attached is an original 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

Arthur R. Block, Executive VP of Manager  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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