

7113000000853

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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 : UNITED AGENT GROUP INC.
Account Number : 120160000086
Phone : (561)508-5033
Fax Number : (561)694-1639

18 DEC 11 AM 8:56
FLORENCE, FLORIDA

****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
TERREMARK FEDERAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2018 DEC 11 PM 1:24

DEC 12 2018

A. LUN

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: Terremark Federal Group, 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

2. The Florida document number of this limited liability company is: M13000000853

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 2/8/2013

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

5. New name of the limited liability company: Equinix Government Solutions 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

18 DEC 11 AM 8:55
RECEIVED
FLORIDA
DEPARTMENT OF STATE

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 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

Simon Miller

Typed or printed name of signee

Filing Fee: \$25.00

18 DEC 11 AM 8:55
STATE OF FLORIDA
CLERK OF THE COURT

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 "TERREMARK FEDERAL GROUP LLC", CHANGING ITS NAME FROM "TERREMARK FEDERAL GROUP LLC" TO "EQUINIX GOVERNMENT SOLUTIONS LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF NOVEMBER, A.D. 2018, AT 2:58 O'CLOCK P.M.



3997005 8100
SR# 20187573641

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 203876428
Date: 11-09-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:58 PM 11/09/2018
FILED 02:58 PM 11/09/2018
SR 10187573641 - File Number 3997083

**STATE of DELAWARE
LIMITED LIABILITY COMPANY**

**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF**

TERREMARK FEDERAL GROUP LLC

*Pursuant to Title 6, Chapter 18, Sections 202 and 204
of the Delaware Code*

This Certificate of Amendment of Certificate of Formation of Terremark Federal Group LLC (the "LLC") is being executed and filed by Simon Miller, an Authorized Person, to amend the original Certificate of Formation, which was filed on December 31, 2012 with the Secretary of State of the State of Delaware to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. § 18-101, *et seq.*), as amended from time to time.

- (1) The name of the limited liability company is Terremark Federal Group LLC.
- (2) The paragraph designated as "FIRST" in the Certificate of Formation of the LLC is hereby amended and restated in its entirety to read as follows:

"FIRST: The name of the limited liability company is Equinix
Government Solutions LLC (the "Company")."

[The remainder of this page is intentionally left blank.]

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Certificate of Formation as of the 9th day of November, 2018.

/s/ Simon Miller

Name: Simon Miller

Title: Authorized Person