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October 9, 2019

FLORIDA DEPARTMENT OF STATE

CARRIER & TECHNOLOGY SOLUTIONS, LLC
CYPRESS FINANCIAL CENTER
5900 N ANDREWS AVE, 10TH FL
FORT LAUDERDALE, FL 33309US

SUBJECT: CARRIER & TECHNOLOGY SOLUTIONS, LLC

REF: M18000005670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II
Le

FAX Aud. #: E19000299140 Letter Number: 919A00020730

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)

Name of limited liability Comp State: Carrier & Technology So			s of the Florida D	epartment of	
Enter new principal office address			ws Ave., Suite 10	00	
(Principal office address MUST BE A STREET ADDRESS)		Fort Lauderd	ale, FL 33309		_
Enter new mailing address, if appl (Malling address MAY BE A POST OFFICE BOX					
2. The Florida document number of	of this limited lia	bility compan	/ is: <u>M18000005</u>	670	
3. Jurisdiction of its organization: 4. Date authorized to do business SECTION II (5-9 complete only 5. New name of the limited liability (If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability Contains and the registered agent and/or the new registered agent and/or the new registered agent. Name of New Registered Agent:	the applicable ty company: General department of the name adopted managers or managers, and/or registered office and/or registered office are	changes) uardia, LLC t contain "Lim for the purpo naging membe C." or "LLC.") ed officer addr ddiess here:	ited Liability Conse of transacting b	npany, ""L.L.C.," or "LL ousiness in Florida and atta ternate name. The afternati	C.") ach a e name
New Registered Office Address:		Island Road			_
1977 1247 1447 2747 2747 2747	Enter Florida Street Address				
	Pla	r.tation		Florida 33324 Zip Code	···
			City	Zip Code	
New Registered Agent's Signature I hereby accept the appointment at the provisions of all statutes relationed accept the obligations of my procument is being filed to merely liability company has been notified.	s registered age ve to the proper position as regist reflect a change	nt and agree to and complete tered agent as in the register	o act in this capac performance of m provided for in Ci ed office address,	ry duties, and I am familia hapter 605. F.S. Or, if this I hereby confirm that the	r with Iimited

If the amendment of	hanges person, title or capacity in acc	ordance with 605.0902 (1)(e), indic	ate that change.
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. Attached is a certi	ficate, if required; no more than 90 connections of the firm of th	lays old, evidencing the	Remo
jurisdiction under	the law of which this entity is organ	Lander	
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'CARRIER & TECHNOLOGY SOLUTIONS, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'GUARDIA LLC' ON THE TENTH DAY OF SEPTEMBER, A.D. 2019, AT 5:28 O'CLOCK P.M.



Authentication: 203773298

Date: 10-11-19