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AMDMichael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
6/13/2023 11:33 AM  
Fee Receipt: \$40.00COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATEDivision of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.govAmended Certificate of Authority  
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
- |   |   |
|---|---|
| <input type="checkbox"/> profit corporation                     | <input type="checkbox"/> nonprofit corporation. |
| <input type="checkbox"/> professional service corporation       | <input type="checkbox"/> business trust         |
| <input checked="" type="checkbox"/> limited liability company   | <input type="checkbox"/> limited partnership    |
| <input type="checkbox"/> professional limited liability company | <input type="checkbox"/> statutory trust        |
| <input type="checkbox"/> limited cooperative association        | <input type="checkbox"/> non-profit LLC         |
| <input type="checkbox"/> other                                  |   |

2. The name of the company is: MASTEC NETWORK SOLUTIONS, LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of FLORIDA.

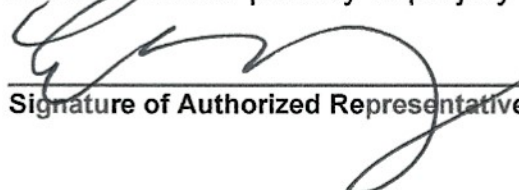
4. The entity received authority to transact business in Kentucky on 9/4/2008.

5. The entity has changed its (check all that apply)

- |  |
|--|
| <input type="checkbox"/> Domicile name to _____  |
| <input type="checkbox"/> Name to be used in Kentucky to _____  |
| <input type="checkbox"/> Jurisdiction of organization to _____   |
| <input type="checkbox"/> Period of duration _____  |
| <input type="checkbox"/> Form of organization _____  |
| <input checked="" type="checkbox"/> Management type: <input checked="" type="checkbox"/> Member managed <input type="checkbox"/> Manager managed |

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	ERIN SHAUGHNESSY	AUTHORIZED AGENT	6/13/23
Signature of Authorized Representative	Printed Name	Title	Date