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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
6/13/2023 11:33 AM
Fee Receipt: $40.00

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Amended 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:
- ☐ profit corporation
- ☐ professional service corporation
- ☑ limited liability company
- ☐ professional limited liability company
- ☐ limited cooperative association
- ☐ other
- ☐ nonprofit corporation.
- ☐ business trust
- ☐ limited partnership
- ☐ statutory trust
- ☐ non-profit LLC

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)**
- ☐ Domicile name to _____
- ☐ Name to be used in Kentucky to _____
- ☐ Jurisdiction of organization to _____
- ☐ Period of duration _____
- ☐ Form of organization _____
- ☑ Management type: ☑ Member managed ☐ 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.

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

(2/23)