## D20001158

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**EXAMINER** 



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SECONE IVAN SECONDARY OF STREET

## **COVER LETTER**

Division of Co	rporations		··*
SUBJECT:	ENTERPRISE TEI	LECOM SOLUTIONS LLC	
bebone i.	·	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		LARRY KIRBY	
		Name of Person	<del></del>
	ENTERPRIS	SE TELECOM SOLUTIONS (	LC
		Firm/Company	
	42	24 SANDRINGHAM CT	
	•	Address	
	WINTE	R SPRINGS FL 32708-2725	
		City/State and Zip Code	
	F-mail address: (	(IRBY@CFL.RR.COM to be used for future annual report notifica	tion)
For further information of	concerning this matter, please of	•	
	,		
	ARRY KIRBY	at (407) 327-1553	
Name (	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTERPRISE TELECOM SOLUTIONS LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	ers on our records.)	_	-
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	05/08/2002	and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
VINTEL BUSINESS	SYSTEMS LL	_C		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designatio	n "LLC" or t	he abbreviatio
Enter new principal offices address, if applicable:	281 SPECIA	LTY POINT		
(Principal office address MUST BE A STREET ADDRESS)	SANFORD F	L 32771-6621		
Enter new mailing address, if applicable:			APR 30	Thirtmen
(Mailing address MAY BE A POST OFFICE BOX)			# R	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ente</u>	er the nam	
Name of New Registered Agent:	-			
New Registered Office Address:	E.	nter Florida street (	a d du ana	
	En	uer r ioriaa sireet i	aaaress	
		, Florida		
	City		Zip C	ode

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 608, 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	<u>Address</u>	Type of Actio
			Add
			Remove
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			D D amazes
		<del></del>	
	<del> </del>		<b>=</b> α
			<del> </del>
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			Remove
). If amen	ding any other information.	, enter change(s) here: (Attach additional shee	<del>- 11 1 - 1</del>
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_ 			
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	ADDU OT		
  Dated	APRIL 27		
		re of a member of authorized representative of a me	ember

Page 2 of 2

Filing Fee: \$25.00