

L04 0006 8502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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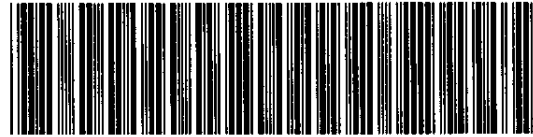
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Unitell Worldwide Communications, llc  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Flora Ray  
Name of Person  
Unitell Worldwide Communications  
Firm/Company  
9050 Pines Blvd., Suite 358  
Address  
Pembroke Pines, FL 33024  
City/State and Zip Code  
service@unitellwwc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Flora Ray at ( 954 ) 429-1714  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|---|

**MAILING ADDRESS:**  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Unitell Worldwide Communications, llc

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November, 2004 and assigned  
Florida document number L04000085002.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices 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)**

**B. If amending the registered agent and/or registered office 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 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 company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New 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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Arthur Edwards	9050 Pines Blvd #358	<input type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Remove
	Anthony Scotman	9050 Pines Blvd #358	<input type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Remove
	Washington Binger	9050 Pines Blvd #358	<input type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated December 18, 2013.

Flora Ray

Signature of a member or authorized representative of a member

Flora Ray

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 DEC 26 AM 11:30  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA