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O8 SEP 17 AN II: OS SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 1 8 2008

EXAMINER

COVER LETTER

SUBJECT:	TEV TELL	COM, LLC				
SUBJECT: JCV TELCOM, LLC (Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all corresponde	ence concerning this matter to	o the following:				
	JOEG	(Name of Person)				
		(Name of Person)				
	Jevi	BUCOM, LLC				
		(Firm/Company)				
	19271 S	CW 30 th 5 th				
	MIRAMAR,	FL 33029 (City/State and Zip Code)				
		(City/State and Zip Code)				
For further information concerning this matter, please call:						
TORGE (SOEN A	386 363.03	60			
(Name of I		at (>86) 363.03 (Area Code & Daytime T	elephone Number)			
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	\$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)			

TO:

Registration Section . Division of Corporations

> 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our rimited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co.	ompany were filed on 07/12	2005 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		SE
(Principal office address MUST BE A STREET ADDR	ESS)	HASSO T
		mo m
Enter new mailing address, if applicable:		AM II: 0 FLORIDA
(Mailing address MAY BE A POST OFFICE BOX)		o o
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florid	la 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 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 = M	anaging Member		
Title 1	<u>Name</u>	Address	Type of Action
MGR	CADEND, NELLY M	19271 SW 30 ST MIREMAR, FL 33029	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ong any other information, enter change	(s) here: (Attach additional sheets, if necessar	FILED 08 SEP 17 MI 11: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Joege	or authorized representative of a member COSEUM. r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00