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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.

Account Number: 120110000056

Phone : (305)823-9292

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHERN BUSINESS TELEPHONE. LLC

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February 5, 2015

FLORIDA DÉPARTMENT OF STATE

SOUTHERN BUSINESS TELEPHONE. LLC Division of Corporations 815 N. HOMESTEAD BLVD. # 429
HOMESTEAD, FL 33030US

SUBJECT: SOUTHERN BUSINESS TELEPHONE. LLC

REF: L06000062018

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers FAX Aud. #: H15000029289
Regulatory Specialist II Letter Number: 615A00002368

Registration/Qualification Section

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SECTIONS
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P.O BOX 6327 - Tallahassee, Florida 32314

ached Corrected

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# SOUTHERN BUSINESS TELEPHONE, 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 06/19/2006 and assigned Florida document number\_L06000062018 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DIVERSITY POWER LLC 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 \_\_\_

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 605, 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

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

MGR = Manager

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Effective d (The effective the date this	ate, if other than the date of f date must be specific, cannot be prior document is filed by the Florida Depar	o date of receipt or filed date and canno	(optional) of be more than 90 days after
Dated	FEBRUARY 5	2015	
	Chow of	Darria	,
-	Signature	of a member or authorized representati	ve of a member
		EDWARD GARCIA	
		EDVIAND ON ON	

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