

207000081349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09 OCT -5 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S. HAWKES  
OCT - 6 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Global Telecom Testing, 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:

Stephen Levenson

*Name of Person*

Global Telecom Testing, LLC

*Firm/Company*

2645 Executive Park Drive, Suite 502

*Address*

Weston, FL 33321

*City/State and Zip Code*

✓ steve@globaltelecomtesting.com

*e-mail address. (to be used for future annual report notification)*

For further information concerning this matter, please call:

Stephen Levenson

*Name of Person*

at ( 954 )

358-6292

*Area Code & Daytime Telephone 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)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32310

### 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**

Global Telecom Testing, 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 08/08/2007 and assigned  
Florida document number L07000081349

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

n/a

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:**

2645 Executive Park Drive, Suite 502

**(Principal office address MUST BE A STREET ADDRESS)**

Weston, FL 33321

**Enter new mailing address, if applicable:**

2645 Executive Park Drive, Suite 502

**(Mailing address MAY BE A POST OFFICE BOX)**

Weston, FL 33321

**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:

Stephen Levenson

New Registered Office Address:

2645 Executive Park Drive, Suite 502

*Enter Florida street address*

Weston

Florida


33321

*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.

  
Stephen Levenson  
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

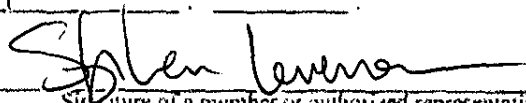
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
S	Douglas Zidel	800 Village Sq. Crossing, #303 Weston, FL 33321	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Stephen Levenson	2645 Executive Park Drive, Suite 502 Weston, FL 33321 (to update address on existing Mgr.)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated 9/18/09



Signature of a member or authorized representative of a member

Stephen Levenson

Typed or printed name of signer