

L07000109068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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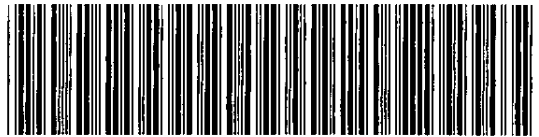
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NRC

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BUSINESS TELECOM EXPERTS 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:

**ANDROS MARTIN**

(Name of Person)

**BUSINESS TELECOM EXPERTS**

(Firm/Company)

**1002 NW 129TH AVE**

(Address)

**MIAMI, FL 33182**

(City/State and Zip Code)

For further information concerning this matter, please call:

**DIDIER DESROULEAUX**

(Name of Person)

at ( **954** ) **305-9981**

(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 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

FILED  
07 NOV 26 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

BUSINESS TELECOM EXPERTS LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 10/26/07 and assigned  
document number L07000109068.

**SECOND:** This amendment is submitted to amend the following:

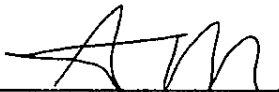
THE NAME OF THE REGISTERED AGENT IS WRONG.

THERE IS A TYPO, THE CORRECT NAME IS ANDROS MARTIN NOT AMROS MARTIN

PLEASE CORRECT THIS MISTAKE IN THE ARTICLE OF INCORPORATION

THE NAME AMROS MARTIN SHOULD BE REPLACE BY ANDROS MARTIN

Dated OCTOBER 19, 2007



\_\_\_\_\_  
Signature of a member or authorized representative of a member

ANDORS MARTIN

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00