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| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

FEB 2 2 2008

EXAMINER

28-5402

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Advanced Telcom Solutions, 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: |
| Tolanda Betancourt |
| Advanced Telcom Solutions, LLC (Firm/Company) |
| 3403 Lawn Ave |
| Tampa FL 33611. |
| For further information concerning this matter, please call: |
| Jerry Betancourt at (813) 753-8150 (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc |

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

| Advanced Telcons (Name of the Limited Liability Company (A Florida Limited Liability Company) | y as it now appears on our records.) bility Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company with Florida document number <u>LOS 0005</u> H02 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability The new name must be distinguishable and end with the words "Limite" L.L.C." | utions, LLC |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | |
| Name of New Registered Agent. | 7200 FEB |
| New Registered Office Address: | (Enter Florida street address) |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: | |

(If Changing Registered Agent, Signature of New 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 Shapter 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:

| MGRM = | Managing Member | | |
|-------------|-----------------------------|--|--------------------|
| Title . | <u>Name</u> | Address | Type of Action |
| | | | Add |
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| D. If amer | iding any other information | , enter change(s) here: (Attach additional sheets, if necess | sary.) |
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| | | | 701 182 183 |
| Dated F | ebruary 11 | 0,2008 | 2000 FEB 21 F |
| | Molanda | Lota a Wind | 321 ARY ASSE |
| | Signatu | 1 D 1 2 2 2 1 | AH IO: |
| | 101 W VI (A) | 2 Betan Court Typed or printed name of signee | AHIO: 43 |

Page 2 of 2

Filing Fee: \$25.00