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SECRETARY OF STATE

TALLAHASSEF, ELOPID.

cgarga

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: W	orld Voice (Name of Limi	Telecom	
	(Name of Limi	ted Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Eric Lubt	(Name of Person)	
	World Voice	(Firm/Company)	······································
	P.O. Box 27L	(Address)	
		FL 33445 (City/State and Zip Code)	
For further information co	ncerning this matter, please ca	all:	
Andre Velen (Name o	Person)	at (954) 642-67 1 (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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

2000 SEP 26 AM II: 20

World Voice Tele	com LLC SECRETARY OF STATE	Ą
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now/appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LOSOOOD3959)</u> .		ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abb	reviation
Enter new principal offices address, if applicable:	4364 Maurice Drive	
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach FL 32445	
Enter new mailing address, if applicable:	P.O. BOX 276349	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 276349 Boca Raton FL 33445	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida 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 = Managing Member **Type of Action Address Name Title** Unce Palmer
Charles Lubil-z-7200 N.W. 2nd Ave Ste 9 Boca Ration FL 37487 Add 🗖 Remove ☐ Add Remove Add Remove **∏** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 11 Signature of a member or authorized representative of a member Lubit Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00