

L09000002201

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OCT - 8 2009

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT - 7 PM 2:38

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XP Telecom, 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:

Lester Salkey

Name of Person

Firm/Company

2200 N. Federal Highway, Suite 209

Address

Boca Raton Fl. 33431

City/State and Zip Code

lester@xptelecom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lester Salkey

Name of Person

at (561)

392-8833

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT -7 PM 2:38

XP Telecom, 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 01-08-2009 and assigned
Florida document number L09000002201.

This amendment is submitted to amend the following:

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

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:

LESTER SAIKEY

New Registered Office Address:

2200 N. Federal Highway, Suite 209

Enter Florida street address

Boca Raton

Florida

33431

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 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>
MGRM	SUPERIOR RESOURCE C	3225 MCLEOD DR., SUITE 100 LAS VEGAS, NV 89121	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LESTER SALKEY	2200 N. FEDERAL HWY., SUITE 209 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DERRICK GRANT	2200 N. FEDERAL HWY., SUITE 209 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROHAN THOMPSON	2200 N. FEDERAL HWY., SUITE 209 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.


Signature of a member or authorized representative of a member

LESTER SALKEY
Typed or printed name of signee