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B. BOSTICK
DEC 2 0 2011
EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT:	TPRC Broad	dband, LLC			
	Name of Limited Lia	ability Company			
The enclosed Articles	of Amendment and fee(s) are submitted	I for filing.			
Please return all corre	spondence concerning this matter to the	following:			
		ly A. Delvecchio			
	1	Name of Person			
	Wendy A	A. Delvecchio, P.A.			
		Firm/Company			
	633 South Fede	eral Highway, Suite 300)A		
		Address			
	Fort Lauc	Fort Lauderdale, FL 33301			
	City/	State and Zip Code		LEAR!	s_9*******
	wendy@c	delvecchiolaw.com			- # - +15/3 144
_	·	ed for future annual report notifica	ition)	<u> </u>	1
For further information	n concerning this matter, please call:			PHIZ: I	in order
	ndy A. Delvecchio	at (63-9080		
Name	: 01 Person	Area Code & Daytime 1	elephone Number	, <u>)</u>	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	Certificate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	osed)

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

	PRC Broad	dband, LLC				
(Name of the Limited L (A)	Liability Compa Florida Limited I	<u>ny as it now appe</u> Liability Company	<u>ars on our record</u>)	<u>(s.</u>)		
The Articles of Organization for this Limited Lia Florida document numberL090001035		were filed on	October 26, 2	2009 and assigned		
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility company h	ere:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Com	pany," the designat	tion "LLC" or the abbreviation		
Enter new principal offices address, if applical	151 Industri	al Avenue				
(Principal office address MUST BE A STREET ADDRESS)		Greensboro	, NC 27406	<u> </u>		
				27 53 14		
				Sign on the sign of the sign o		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)			100 PO			
				5m 5		
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>en</u>	ater the name of the new		
Name of New Registered Agent:	Wendy A. Delvecchio					
New Registered Office Address:	s: Wendy A. Delvecchio, P.A., 633 S Federal Hwy Ste 300A					
	Enter Florida street address					
For		Lauderdale	, Florid	a 33301		
		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>	Address	Type of Action
<u>P</u>	John Jacobsen	2040 N.W. 85 Avenue Pembroke Pines, FL 33024	Add Remove
<u>V</u>	Jason McElvey	5308 Rolling Meadows Dr Greensboro, NC 27406	Add ✓ Remove
MGR	Jason McElvey	151 Industrial Avenue Greensboro, NC 27406	
<u>M</u>	John Jacobsen	2040 N.W. 85 Avenue Pembroke Pines, FL 33024	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	11 DEC 6 PH 12: 20
 Dated	December 12 , 201 Signature of a member of the state of	DELVECCHIO REGISTERE or printed name of signee	- LAGENT DAGENT

Page 2 of 2

Filing Fee: \$25.00