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**EXAMINER** 



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DIVISION OF CORPORATIONS

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# **COVER LETTER**

			THE TO THE CORPORA
	Fernando Cabrera Name of Person		85
U	JNIVOICE TELECOM Firm/Company		
1001 N	FEDERAL HWY SUIT Address	E 201	
НА	LLANDALE, FL 33009 City/State and Zip Code	)	
<u>fcat</u> E-mail address: (1	orera@getunivoice.con	n t notification)	
ncerning this matter, please o	call:		
DO CABRERA Person	at ( <u>786</u> ) Area Code & I	285-3191 Daytime Telephone Number	
following amount:  \$\sumsymbol{\subsymbol{\symbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subs	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certificate of State Closed) Certified Copy	atus &
	Name of Limited Manager States and States an	Name of Person  UNIVOICE TELECOM Firm/Company  1001 N FEDERAL HWY SUIT Address  HALLANDALE, FL 33009 City/State and Zip Code  fcabrera@getunivoice.com 1E-mail address: (to be used for future annual report acerning this matter, please call:  DO CABRERA erson  Area Code & F  following amount:  \$30.00 Filing Fee & Certificate of Status  Certified Copy	Name of Limited Liability Company  mendment and fec(s) are submitted for filing.  lence concerning this matter to the following:  Fernando Cabrera Name of Person  UNIVOICE TELECOM Firm/Company  1001 N FEDERAL HWY SUITE 201 Address  HALLANDALE, FL 33009 City/State and Zip Code fcabrera@getunivoice.com 12-mail address: (to be used for future annual report notification)  Identify this matter, please call:  DO CABRERA at (_786_)

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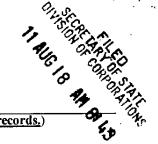
Registration Section
Division of Corporations

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



UNIVOICE 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 Lial	bility Company were filed on	03/26/2010	and assigned
Florida document numberL100000335	<u> 564</u> .		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here	<b>;</b>	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	ny," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	<del> </del>		
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ır records, <u>enter th</u>	e name of 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 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>	Type of Action
MGRM_	UNSOY, ALPER	300 DIPLOMAT PARKWAY APT 615 HALLANDALE, FL 33009	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
_			_
  Dated	8/16 , 20	11 1	_
-		or authorized representative of a member	
-	FERN Typed o	VANDO CABRERA or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00