L10000057216

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C. LEWIS

DEC 1:0 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co		b -	•			
SUBJECT:	INTERA	X GROUP LLC				
Sobole 1.	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
	-	SANJAY ARORA				
	Name of Person					
FINANCE & TECHNOLOGY CONSULTANTS, INC						
Firm/Company						
	6257 HAMMOCK PARK ROAD					
	Address					
	WEST PALM BEACH, FL 33411					
City/State and Zip Code						
	E-mail address: (Sanjay@interaxvoip.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please of					
 	NJAY ARORA	at (561_)	908-7200			
Name	of Person	Area Code & I	Daytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	S60.00 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

2010 DEC -9 PM # 26

INTERAX G (Name of the Limited Liability Compa (A Florida Limited I	ROUP LLC ny as it now appears on o Liability Company)	าร์ซียละโลกซี บริ 5 IAIT <u>ur Féchids</u> MASSEE เดินตกบล		
The Articles of Organization for this Limited Liability Company Florida document numberL10000057216	were filed on05	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," th	e designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	4400 N FEDERAL HWY			
(Principal office address MUST BE A STREET ADDRESS)	SUITE 210			
	BOCA RATON, FL	_ 33413		
Enter new mailing address, if applicable:	4065 N HAVERHILL ROAD			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE B-3 / BOX 295			
	WEST PALM BEACH, FL 33417			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		cords, enter the name of the new		
New Registered Office Address:	Enter Florida street address			
	. Florida			
	City	Zip Code		
New Desigtered Agent's Signature if shonging Desigtered Agents				

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGP_= Manager MGLM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action **MRGM IBS ENTERPRISE INC** 1730 S FEDERAL HWY, SUITE 278 _ Add ∇ Remove DELRAY BEACH, FL 33483 ☐ Add Remove ☐ Add ☐ Remove Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DECEMBER 6 2010 Dated __ Signature of a pember or authorized representative of a member SANJAY ARORA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00