

L13000024460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

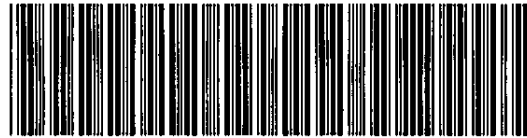
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263484937

09/08/14--01054--025 **25.00

FILED
14 SEP - 8 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



AMMENDMENT AND RESTATEMENT TO ARTICLES OF ASSOCIATION

COMPANY: Telecom Xchange LLC

Registered Office : 110 E Broward Blvd, Suite 1707, Ft Lauderdale, FL 33301

Florida Document number : L13000124460

Date : 8.30.2014

Please find enclosed :

1. Amendment to articles of Association and change of registered Agent.
2. The completed Amended and Restated Articles of Association.
3. A check payable to the Florida Department of State for the filing in the amount of \$25.00.

For any questions or comments please contact me as

A handwritten signature in black ink, appearing to read 'S. Purkiss'.

Stephen Purkiss

101, Briny Avenue, Apt 2701, Pompano Beach, Florida, 33062

Tel : 954 205 0379

**AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Telecom Xchange 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 Sept 4th 2013 and assigned
Florida document number L13000124460.

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: Ameed Jamous

New Registered Office Address: 110 E Broward Blvd, Suite 1707

Enter Florida street address

Ft Lauderdale

, Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP - 8 12:30 PM
33301

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 605, 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.

Ameed Jamous
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

GR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr	David B Gray	120 SE 19th Ave, Apt 502	<input checked="" type="checkbox"/> Add
		Deerfield Beach	<input type="checkbox"/> Remove
		Florida, 33441	
Mr	Stephen Purkiss	101 Briny Avenue, Apt 2701	<input type="checkbox"/> Add
		Pompano Beach	<input checked="" type="checkbox"/> Remove
		Florida 33062	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SEP 8 PM 12:38
ADD
REMOVE
ADD
REMOVE

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/30, 2014.

Stephen Purkiss

Signature of a member or authorized representative of a member

Stephen Purkiss

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00 ENCLOSED

FILED
14 SEP - 8 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA