

10/15/2014

14:4

API Processing

54

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H140002417833

10/15/2014

L14000199580

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

H140002417833

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3101

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Annette@api.processing.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONVERGED TELECOM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 A 9:17

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14 OCT 15 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 16 2014

EXA-411

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H140002417833

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CONVERGED 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 10/13/2014 and assigned
Florida document number L14000159580

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTHONY PORRECA	6671 W. INDIANTOWN ROAD	<input checked="" type="checkbox"/> Add
		SUITE 50-273	<input type="checkbox"/> Remove
		JUPITER, FL 33458	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[Handwritten signature/initials across the line]

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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 OCTOBER 15, 2014

Christopher Tonns

Signature of a member or authorized representative of a member

CHRISTOPHER TONNS

Typed or printed name of signer

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Filing Fee: \$25.00

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