*L14000159580

Office Use Only



800270384568

03/11/15--01009--003 **25.00

SEURE JARY OF STATE FALLAHASSEE, FLORIDA

OIS MAR II PH 2: I

KSALY EXMINER MAR 31 2015

COVER LETTER

	stration Sect sion of Corp				
SUBJECT:	Converge	d Telecom, LLC			
SUBJECT,	• • •	Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Christopher E. Tonn	s		
			Name of Person		
Converged Telecom, LLC					
			Firm/Company		
		6671 W. Indiantown	Rd., Ste. 50-273		
			Address		
		Jupiter, FL 33458			
		info@convergedtelec	. City/State and Zip Code		
		E-mail address: (to be used for future annual report notifica	ation)	
For further in	formation co	ncerning this matter, please ca	all:		
Christopher E. Tonns		at () 718-4310 co	ell #		
	Name of I	Person	Area Code Daytime T	elephone Number	
Enclosed is a	check for the	following amount:			
\$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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

2015 MAR II PM 2: 13

SALLAHASSEE FLORIO:

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 I Florida document number L14000159580	Liability Company	were filed on 10/	13/2014	and assigned
This amendment is submitted to amend the fol	lowing:		•	C' or the abbreviation "L.L.C." C C Ste. 50-273 enter the name of the new
A. If amending name, enter the new name	of the limited liab	oility company her	<u>·e</u> :	
The new name must be distinguishable and end with the	e words "Limited Liab	bility Company," the d	esignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	Converged T	elecom, LLC		
(Principal office address MUST BE A STRE.	601 Heritage Dr. # 435			
		Jupiter, FL 33	3458	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	Converged Telecom, LLC 6671 W. Indiantown Rd., Ste. 50-273		
		Jupiter, FL 33	3458	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			our records, enter	the name of the new
New Pagistared Office Address	N/A			
New Registered Office Address:		Enter Florid	da 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 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

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:						
MGR = Manager		eu from our recorus.				
	Manager Authorized Member		2015 HAD .			
<u>Title</u>	<u>Name</u>	Address	2015 MAR 11 PM 2: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action		
			AMASSEE. FLORIDA			
				☐ Remove		
			,	LI Remove		
		-				
				Add		
				□ Remove		
						
				Add		
				□ Remove		
				_		
				Add		
				□ Remove		
						
				□ Add		
				☐ Remove		
		_				
				🗆 Add		
				_ Remove		

	n, enter change(s) here: (Attach additional sheets, if nechange of address(s) only.	
		
ective date, if other than the da		onal)
date this document is filed by the Florid	be prior to date of receipt or filed date and cannot be more than 90 days la Department of State)	arter
March 9th	2015	
ated	Christoph E. Toms	
Sig	gnature of a member or authorized representative of a member	
Christopher E. Tonns	s	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

