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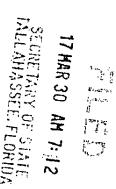
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2017

CHRISTOPHER BAKER 7864 SONOMA SPRINGS CIRCLE #102 LAKE WORTH, FL 33463

SUBJECT: PALM BEACH TELEPHONE COMPANY

Ref. Number: L17000004379

-2017 MAR 30 PM 3: 01

We have received your document for PALM BEACH TELEPHONE COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 217A00005320

COVER LETTER

| | egistration Se vivision of Cor | | | | |
|-------------|-----------------------------------|--|---|--|--|
| SUBJECT | South Flori | da Business Communication S | ervices, LLC | | |
| SUBJECT | • | Name of Lim | ited Liability Company | ······ | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please retu | ırn all correspo | endence concerning this matter | to the following: | | |
| | | Christopher Shawn Baker | | | |
| | | | Name of Person | | |
| | | South Florida Business Co | mmunication Services, LLC | | |
| | | | Firm/Company | · | |
| | 7864 Sonoma Springs Circle #102 | | | | |
| | | to the state of th | Address | | |
| | | Lake Worth, FL 33463 | | | |
| | | | City/State and Zip Code | | |
| | | shawn@itstelcom.com | | | |
| | | | to be used for future annual report notifi | ication) | |
| For further | information c | oncerning this matter, please ca | all: | | |
| Christopho | er Baker | | 561 404-0200 at ()_ | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | |
| Enclosed is | s a check for th | ne following amount: | | | |
| \$25.00 | Filing 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:

TO:

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

South Florida Business Communication Services, 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 $\frac{0/05/2017}{1}$ and assigned Florida document number _L17000004379 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Palm Beach Telephone Company, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 60 B. If amending the registered agent and/or registered office address on our records, enter the 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
. AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| If an effect Note: If | e date, if other than ive date is listed, the date the date inserted in thi t's effective date on the | must be specific and is block does not r | d cannot be prior to meet the applical | date of filing or mo ole statutory filing | (optiore than 90 days after frequirements, this | iling.) Pursu | ant to 6 ot be li | 05.0207 (sted as t |
| | rd specifies a dela | | | an effective ti | me, at 12:01 a. | m. on th | e ear | lier of: |
| | 0th day after the | | | | | | | |
| | | <u></u> | , 2017 | - · | | | | |
| The 9 | Oth day after the | | , 2017 | | | | | |

Page 3 of 3

Filing Fee: \$25.00