Department of State

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(((H17000289418 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS CHOICE, INC.

Account Number : I2001000004

Phone

; (954)782-1829

Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JTEL-USA TELECOM SERVICES LLC

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November 3, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

JTEL-USA TELECOM SERVICES LLC 2005 W CYPRESS CREEK ROAD STE 100 FORT LAUDERDALE, FL 33309US

SUBJECT: JTEL-USA TELECOM SERVICES LLC

REF: L17000064893

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

MISSING AMENDMENT FORM PAGE 2

Please return 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.

Stacey M Warren Regulatory Specialist II

FAX Aud. #: H17000289418 Letter Number: 617A00022250

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATEON OF

ITEL-USA TELECOM SERVICES, LLC.

(Name of the Limi	ted Liability Company as it now appears of (A Florida Limited Liability Company)	one tecolder)	
The Articles of Organization for this Limited L Florida document number _L17000064893	Liability Company were filed on 03/?	1/2017 and assigned	
This amendment is submitted to amend the following	lowing:	,	
A. If amending name, enter the new name of	of the limited liability company here	,	
The new name must be distinguishable and end with the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	. 217	
(Principal office address MUST BE A STREE	ET ADDRESS)	2817 SCV - 3	
		·	
	·. }}	· 7	
Enter new mailing address, if applicable:	·	E-7	
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of		or records, enter the name of the ne	
Name of New Registered Agent:	JULIANA GUALBERTO ACACIO		
New Registered Office Address:	2101 VISTA PARKWAY, S	SUITE 243	
	Enter Florida street address		
	WEST PALM BEACH	Florida 33411	
		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete performance of m distered agent as provided for in Cha	v duties, and I am familiar with and apter 605, F.S. Or, if this document is	

Juliano V. Nouis

Changing Registered Agent, Signature of New Registered Agent

Hage 1 of 3

MGR = Manager AMBR = Authorized Member				
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