2001 UNIFO[illegible] Amendment

DOCUMENT # M00000002401

1. Entity Name

SKYTALKWEST TELECOM, LLC

FILED
01 APR 27 PM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
425 WATER ST., P.O. BOX 5192 KETCHIKAN AK 99901	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 920167139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOE ASHCRAFT 234 ALMOND AVE. FORT LAUDERDALE, FL. 33316	Name: PAUL J. LANE Street Address (P.O. Box Number is Not Acceptable): 2755 E. OAKLAND PARK BLVD #303 City: FT. LAUDERDALE FL Zip Code: 33306

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] PAUL J. LANE 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM ASHCRAFT, JOE 425 WATER ST PO BOX 5192 KETCHIKAN AK 99901 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM SADRIWALA, ABBAS 2755 E. Oakland Pk. Blvd. # 303 Ft. Lauderdale, FL. 33306 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM MATHISON, BRIAN 425 Water St. PO Box 5192 KETCHIKAN AK 99901 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM LARSON, DALE 5106 FULLER ST. SOUTHFIELD WI 54476 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 20000421292 -05/11/01--01127--024 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM MATHISON, KEVIN 234 ALMOND AVE. FT. LAUDERDALE, FL. 33306 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Abbas A Sadriwalla, DBA'S A. SADRIWALA MGRM 04/26/01 954-566-0596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #