

UT-091147
8/13/09

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July 17, 2009

VIA OVERNIGHT DELIVERY

Ms. Carole Washburn
Secretary
State of Washington
Utilities and Transportation Commission
1300 S. Evergreen Park Dr., SW
Olympia, WA 98504

RECEIVED
RECORDS MANAGEMENT
2009 JUL 20 AM 10:15
STATE OF WASH.
UTIL. AND TRANSP.
COMMISSION

Re: Lifeconnex Telecom, LLC f/k/a
Swiftel, LLC

Dear Ms. Washburn:

Please be advised that Swiftel, LLC has changed its name to Lifeconnex Telecom, LLC.

I have also enclosed a copy of the company's Amended Certificate of Authority issued by the Secretary of State, along with an extra copy of this cover letter to be date stamped and returned to me in the enclosed self-addressed postage prepaid envelope.

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me.

Respectfully submitted,



Lance J.M. Steinhart
Attorney for Lifeconnex Telecom, LLC
F/k/a Swiftel, LLC

Enclosures

cc: Angie M. Watson



**STATE OF WASHINGTON
SECRETARY OF STATE**

**ARTICLES OF AMENDMENT
LIMITED LIABILITY COMPANY**

(Per Chapter 23.15 RCW)

FEE: \$30.00

- Fill, type or print in black ink.
- Checks made payable to "Secretary of State"
- Sign, date and return original to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

FILED
SECRETARY OF STATE
SAM REED
07/10/09
STATE OF WASHINGTON

EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE

| | |
|--|--|
| IMPORTANT! Person to contact about this filing C. Lacey | Daytime Phone Number (with area code) 770-232-9145 |
| Email Address clacey@telecomcounsel.com | |

ARTICLES OF AMENDMENT

| | |
|--|--------------------------------|
| NAME OF LIMITED LIABILITY COMPANY Swiftel, LLC | UBI NUMBER 602738485 |
|--|--------------------------------|

AMENDMENT(S) The text of each adopted amendment is as follows:

Name Changed To: Lifeconnex Telecom, LLC

EFFECTIVE DATE OF AMENDMENT *(Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State.)*

Specific Date: _____ Upon Filing by the Secretary of State.

SIGNATURE OF MEMBER OR MANAGER
This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Angie M. Watson **Angie M. Watson** **President** **4/22/09**
Signature of Member or Manager Printed Name Printed Title Date

IMPORTANT! This form must be filled out in its entirety and returned with the appropriate payment for filing. If you have questions about the requested information on the form please contact our customer assistance at:

CUSTOMER ASSISTANCE – <http://secstate.wa.gov/corps/> or 360/753-7115 (TDD – 360/753-1485)

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