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July 30, 2009

VIA OVERNIGHT DELIVERY

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

Re: Lifeconnex Telecom, LLC f/k/a Swiftel, LLC
Docket No. UT-083053

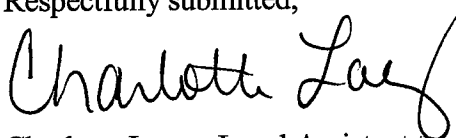
Dear Ms. Washburn:

Please be advised that Swiftel, LLC has changed its name to Lifeconnex Telecom, LLC. Please update your records to reflect the new information. All other company information remains the same.

I have also attached is a copy of the company's Amended Certificate of Authority issued by the Secretary of State. Please acknowledge receipt via return e-mail.

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me via phone (770-232-9145) or email (clacey@telecomcounsel.com).

Respectfully submitted,



Charlotte Lacey, Legal Assistant to
Lance J.M. Steinhart, Attorney for
Lifeconnex Telecom, LLC f/k/a Swiftel, LLC

Enclosures

cc: Angie M. Watson

RECEIVED
RECORDS MANAGEMENT
2009 JUL 31 AM 10:25
STATE OF WASH.
UTIL. AND TRANSP.
COMMISSION



**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
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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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