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Also Admitted in New York
and Maryland

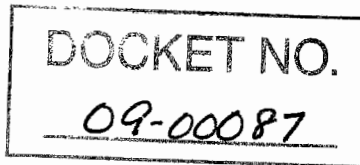
Telephone: (770) 232-9200
Facsimile: (770) 232-9208

June 18, 2009

VIA OVERNIGHT MAIL

Honorable Jones, Chairman
Attn: Sharla Dillon, Dockets
Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, TN 37243-9021
(615) 741-3939

Re: Swiftel, LLC



RECEIVED
2009 JUN 22 AM 9:05
T.R.A. DOCKET ROOM

Dear Ms. Dillon:

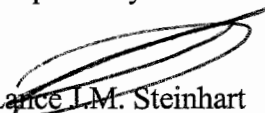
Swiftel, LLC is hereby seeking Commission approval to change the name on its operating authority to Lifeconnex Telecom, LLC. Upon approval by the Commission, the company will file a new tariff reflecting its new name: "Lifeconnex Telecom, LLC".

Swiftel, LLC was granted authority to Operate as a Resale Carrier of Local Exchange Telecommunications Services within the State of Tennessee, Docket No. 08-00141.

Enclosed please find the Amended Certificate of Authority issued by the Tennessee Secretary of State, along with a check in the amount of \$25.00 payable to the "Tennessee Regulatory Authority" for the filing fee.

I have also enclosed an extra copy of this 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 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

Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

DATE: 06/03/09
REQUEST NUMBER: 6549-0155
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 06/03/09 0859
EFFECTIVE DATE/TIME: 06/03/09 1630
CONTROL NUMBER: 0578306

TO:
LANCE J M STEINHART PC
1720 WINDWARD
CONCOURSE/S115
ALPHARETTA, GA 30005

RE:
LIFECONNEX TELECOM, LLC
APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY -
LIMITED LIABILITY COMPANY

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED DOCUMENT WITH AN EFFECTIVE
DATE AS INDICATED ABOVE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE
REFER TO THE LIMITED LIABILITY COMPANY CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY - ON DATE: 06/03/09
LIMITED LIABILITY COMPANY

FROM:
SWIFTEL LLC
811 W GARDEN ST

PENSACOLA, FL 32501-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00004630887
ACCOUNT NUMBER: 00604164



SS-4458

Tre Hargett
TRE HARGETT
SECRETARY OF STATE

State of Tennessee



Department of State
Corporate Filings
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

FILED

APPLICATION FOR AMENDED
CERTIFICATE OF AUTHORITY
(LIMITED LIABILITY COMPANY)

RECEIVED
STATE OF TENNESSEE
For Office Use Only

2009 JUN -3 AM 8:56

TRE HARGETT
SECRETARY OF STATE

057

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of §48-246-303 of the Tennessee Limited Liability Company Act or §48-249-906 of the Tennessee Revised Limited Liability Company Act, the undersigned hereby applies for an amended certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The currently recorded name of the Limited Liability Company is: Swiftel, LLC

If different, the name under which the amended certificate of authority is to be obtained is: _____

Lifeconnex Telecom, LLC

2. The state or country under whose law it is organized is: Florida

and its date of formation is: 8/18/06 (must be month, day and year).

3. The complete street address (including zip code) of its principal office is:

13700 Perdido Key Drive Perdido Key Florida 32507

Street City State/Country Zip Code

4. The complete street address (including the county and the zip code) of its registered office in Tennessee is:

216 Centerview Drive, Suite 217, Nashville, TN 37219

Street City/State County Zip Code

The name of its registered agent at that office is: Incorp Services, Inc.

5. If the provisions of TCA §48-249-309(i) (relating to foreign series LLCs) apply, then the information required by that section should be attached as part of this document.

6. Please insert the number of members at the date of filing if more than six (6). 2

NOTE: This application must be accompanied by a certificate of existence or a document of similar import (for example, a certificate of good standing) duly authenticated by the Secretary of State or other official having custody of Limited Liability Company records in the state or country under whose law it is formed. The certificate shall not bear a date of more than two (2) month prior to the date the application is successfully filed in Tennessee.

4-22-2009
Signature Date

President
Signer's Capacity

Swiftel, LLC
Name of Limited Liability Company

Angie M. Watson
Signature

Angie M. Watson
Name (typed or printed)

0 378304