

LD7000015833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 APR -2 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Apr 3 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2012

ROBERT BARSON / INTRUST SERVICES
PO BOX 953819
LAKE MARY, FL 32795

SUBJECT: INTRUST SERVICES, LLC
Ref. Number: L07000015833

We have received your document for INTRUST SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 012A00009631



March 14, 2012

To whom it may concern:

To the matter of the enclosed application for change please send all correspondences to PO Box 953819 Lake Mary, FL 32795. Furthermore, should a phone number be necessary please call 407-585-0656.

Regards,

A handwritten signature in black ink, appearing to be "AS" with a stylized flourish.

Anthony Safier

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intrust Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Barson
Name of Person

Intrust Services
Firm/Company

PO Box 953819
Address

Lake Mary, FL 32795
City/State and Zip Code

RBarson@IntrustServicesonline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Barson at (407) 493-2776
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 APR -2 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Intrust Services LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/12/07 and assigned
Florida document number LO7000015433.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROBERT D. BARSON

New Registered Office Address:

109 WEST 1ST STREET - SANFORD, FL 32771

Enter Florida street address

SANFORD

City

Florida

32771

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

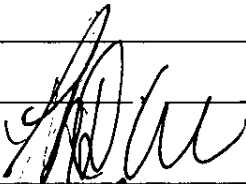
MGR = Manager
MGRM = Managing Member

LD7000015833

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Green Drake LLC	1756 Thistle Way Malvern, PA 19355	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

ROBERT D. BRANSON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA