

L07000029570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

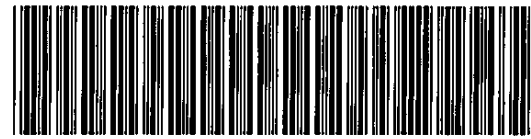
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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JB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: eTrustBill 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:

S. Robert Rubin

(Name of Person)

(Firm/Company)

7150 Fairway Blvd.,

(Address)

Miramar, FL 33023-6536

(City/State and Zip Code)

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SECRETARY OF CORPORATIONS
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For further information concerning this matter, please call:

S. Robert Rubin at (954) **985-8835**
(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)

X

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**

eTrustBill LLC.

(Present Name)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FIRST: The Articles of Organization were filed on 03/19/07 and assigned document number L07000029570.

SECOND: This amendment is submitted to amend the following:

Manager/Members

<u>International Business Systems Inc.</u>	<u>Manager</u>
<u>Faster Checking Inc.</u>	<u>Manager</u>
<u>Bancard Consulting Group, Inc</u>	<u>Manager</u>
<u>Diversified Investment Business Trust</u>	<u>Manager</u>

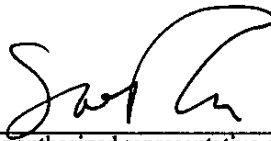
Principal Address:

8362 Pines Blvd, # 397, Pembroke Pines, FL 33024

Mailing Address:

7150 Fairway Blvd., Miramar, FL 33023-6536

Dated 07/25, 2007.



Signature of a member or authorized representative of a member

S. Robert Rubin

Typed or printed name of signee

Filing Fee: \$25.00