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11 JUN 20 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN 21 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Identity Theft FRAUD Solutions 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:

Zac Boyer

Name of Person

Identity FRAUD Solutions LLC

Firm/Company

163. E. MORSE BLVD Suite 208

Address

WINTER PARK, FL 32789

City/State and Zip Code

ZBOYER@idtfsgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Char Phelan

Name of Person

at (866) 343-9093

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

Identity Fraud Solutions 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 8/13/2009 and assigned  
Florida document number 209000078143.

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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)

163. E MORSE BLVD

SUITE 200

WINTER PARK, FL

32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

163 E. MORSE BLVD

SUITE 200

WINTER PARK, FL 32789

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:

Zac Boyer

ZAC BOYER

New Registered Office Address:

163. E MORSE BLVD. SUITE 200

Enter Florida street address

WINTER PARK

Florida

32789

City

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.

Zac Boyer  
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

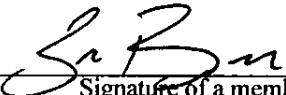
Title	Name	Address	Type of Action
<del>MGRM</del> MGRM	Cindy Boyer	4974 SS Inkwood Way Hobs Sound FL 33453	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Christine Burke	103 James Place Maitland, FL 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Zac Boyer	4974 SS Inkwood Way Hobs Sound, FL 33453	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FRED CIESLIK	1235 Prestige PK Oviedo, FL 32765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Brandon Burke	1671 Apache Trail Maitland, FL 32751	<input checked="" 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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Dated 6/15/11

  
 Signature of a member or authorized representative of a member  
ZAC BOYER.  
 Typed or printed name of signee