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B. BOSTICK
MAY 1 7 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:		st Services, LLC ited Liability Company		
	f Amendment and fee(s) are sul	•		
		Jennifer Richards Name of Person		
		Homefront Realty Firm/Company		
		1497 Main St #112 Address		
•.		Dunedin FL 34698 City/State and Zip Code		
	E-mail address: (ifer@homefrontrealty.net (to be used for future annual report notification	SEGREE TALLAHA	B-Physical Control
	concerning this matter, please of the concerning this matter, please of the concerning the concerning the concerning this matter, please of the concerning the concerning this matter, please of the concerning the concer		388 I 6	
	of Person	Area Code & Daytime Tele		
Enclosed is a check for	the following amount:		DA AG	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER A Registration Section Division of Corporation		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EGS Trust Services, LLC		
(Name of the Limite	d Liability Company as it now appeal A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	10/21/2011	and assigned	
Florida document number L1100012	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company her	· <u>·</u>	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		12 FALL
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			SN 3 DH 3
			<u>></u>
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u> i	he name of the new
Name of New Registered Agent:	Sandra Geitz		
New Registered Office Address:	1497 Main St #243		
	En	iter Florida street addi	ress
	Dunedin	, Florida	34698
	City		Zip Code

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

٦.

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Linda Matheu	1497 Main St #243 Dunedin FL 34698	Add / Remove
MGRM_	Sandra Geitz	1497 Main St #243 Dunedin FL 34698	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	1		_ 교
			12 MAY IS
Dated	May 10 , 201	a Het	
-	S	or authorized representative of a member Sandra Geitz r printed name of signee	38

Page 2 of 2

Filing Fee: \$25.00