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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

Intrusion Technologiess

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:

Michael R. Rehfeld

Name of Person

Intrusion Technologies

Firm/Company

2867 W. Aleuts Dr.

Address

Beverly Hills, Florida 34465

City/State and Zip Code

mrehfeld@intrusion-tech.com

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

For further information concerning this matter, please call:

Michael Rehfeld

352 658-3754

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

INTRUSION TEGENOLOGIES

Intrusion Technologies LLC

2867 W. Aleuts Dr.
Beverly Hills, Florida 34465
Office-(352)658-3754
www.intrusion-tech.com

November 5, 2013

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

Dear Sir(s);

Enclosed is a request to amend the corporate papers of Intrusion Technologies LLC. As noted on company manager is being removed as per his request. If you have any additional questions please feel free to contact me either by phone or email at;

Phone (352)658-3754 Email <u>mrehfeld@intrusion-tech.com</u>

Thank you in advance for your attention to this matter.

Sincerely,

Michael R. Rehfeld Managing Partner

Cc: File

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	d Liability Company as it now appears on our A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited I		13 and assigned
Florida document number L1300001519	0	FIL 1 SECRETARY TALLAHASSE
This amendment is submitted to amend the following	lowing:	OV 12
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:	PR 3:
The new name must be distinguishable and end wi"L.L.C."	ith the words "Limited Liability Company," the	
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o		ords, enter the name of the new
Name of New Registered Agent:	Michael R. Rehfeld	<u> </u>
New Registered Office Address:		
	Enter Flor	ida street address
		_, Florida
	City	Zip Code

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

Intrusion Technologies 110

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

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
MGR	Steve Weisher	20220 SW 88th Place	Add
		Dunnellon, Florida 34431	Remove
			_
	-		Add
			Remove
			Add
		TALLAHAS	Remove Remove
		TALLAHASSEE. FLORIU	Remove
		——————————————————————————————————————	Remove
<u> </u>			Add
			Remove
			Add
			Remove

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	
	malet a achted
	Signature of a member or authorized representative of a member
	Michael R. Rehfeld
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV 12 PM 3: 46
SECRETARY OF STATE
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