

L15000018138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

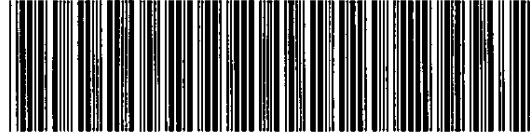
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAY 01 2015  
CLERK

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Intersection Technology 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:

Matthew A Rose

\_\_\_\_\_  
Name of Person

Intersection Technology Solutions, LLC

\_\_\_\_\_  
Firm/Company

83 Geneva Dr 623284

\_\_\_\_\_  
Address

Oviedo, FL 32762

\_\_\_\_\_  
City/State and Zip Code

mrose@intersectiontech.com

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

For further information concerning this matter, please call:

Matthew A Rose

407 221-3426

\_\_\_\_\_  
Name of Person

at ( )

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

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Intersection Technology 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 1/30/2015 and assigned  
Florida document number L15000018138

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:

Matthew A Rose

New Registered Office Address:

83 Geneva Dr 623284

Enter Florida street address

Oviedo

City

Florida

32762

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 605, 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**

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2015 APR 24 PM 3:14  
TALLAHASSEE, FL 32304

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|---------------------|---------------------|--|
| AMBR         | Matthew A Rose      | 83 Geneva Dr 623284 | <input checked="" type="checkbox"/> Add    |
|              |                     | Oviedo, FL 32762    | <input type="checkbox"/> Remove            |
| AMBR         | Erica Martinez-Rose | 83 Geneva Dr 623284 | <input checked="" type="checkbox"/> Add    |
|              |                     | Oviedo, FL 32762    | <input type="checkbox"/> Remove            |
| AR           | Matthew A Rose      | 83 Geneva Dr 623284 | <input type="checkbox"/> Add               |
|              |                     | Oviedo, FL 32762    | <input checked="" type="checkbox"/> Remove |
| AR           | Erica Martinez-Rose | 83 Geneva Dr 623284 | <input type="checkbox"/> Add               |
|              |                     | Oviedo, FL 32762    | <input checked="" type="checkbox"/> Remove |
| AMBR         | Matthew A Rose      | 645 Lance Ct        | <input type="checkbox"/> Add               |
|              |                     | Oviedo, FL 32765    | <input checked="" type="checkbox"/> Remove |
| AMBR         | Erica Martinez-Rose | 645 Lance Ct        | <input type="checkbox"/> Add               |
|              |                     | Oviedo, FL 32765    | <input checked="" type="checkbox"/> Remove |

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TALLAHASSEE, FLORIDA

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated April 21, 2015.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Matthew A Rose**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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