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JUN 2 4 2014

COVER LETTER .

TO: Registration Section Division of Corporations			
SUBJECT: Intense Fence Management Solutions, L	LC		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
Adam Topover Name of Person	_		
Intense Fence management solutions, L. Firm/Company	L C		
283 Crant's ROOST Boulevard, Suite 11 Address			
Attamonte Springs, FLOVIDA 3270! City/State and Zip Code	<u> </u>		
E-mail address: (to be used for future annual report notification)		D. 3	
For further information concerning this matter, please call:	<u>*</u> :		7
Adam Toporek at (800) 903 - 7980 Name of Person Area Code Daytime Telephone Numb	er English	N 23	
Enclosed is a check for the following amount:	温に	<u>ئ</u> ب	Me e
□ \$25.00 Filing Fee № \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 I	Filing Fee.		

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTENSETENCE Management Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Fronta Emilieu Estability Company)			
The Articles of Organization for this Limited Liability Company were filed on 01 25 2010 Florida document number \(\(\bigcup \)10000008480\(\bigcup \).	and	assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
CTS Service Solutions, LLC			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	abbreviatio	n "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office address on our records, enter egistered agent and/or the new registered office address here:			<u>: n</u>
egastered differential or the new registered differential resistance.			Ł
Name of New Registered Agent:			
	ind. r	23	_
New Registered Office Address: Enter Florida street address		P P	<u></u>
	20		· }
, Florida	₩ Zip Ca	tides	—
	15, 240 Cd		

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

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

MGR = Manager

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	Add
			Remove
			Add
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