

L10000008480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

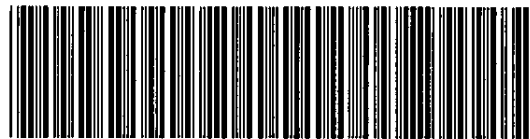
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200261364632

06/23/14--01023--016 **30.00

FILED

2014 JUN 23 PM 1:45

CLERK OF STATE
TALLAHASSEE FLORIDA

JUN 24 2014

BRUCI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intense Fence Management 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:

Adam Toporek

Name of Person

Intense Fence Management Solutions, LLC
Firm/Company

283 Crane's Roost Boulevard, Suite 111
Address

Altamonte Springs, Florida 32701
City/State and Zip Code

accounting@adamtoporek.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Toporek

Name of Person

at (800) 903-7980

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

2014 JUN 23 PM 1:45

FILED

Intense Fence Management Solutions, LLC

CTS Service Solutions, LLC

FILED
2014 JUN 23 PM 1:45
CLERK OF DISTRICT COURT
ALBUQUERQUE, NEW MEXICO
Zip Code

Page 1 of 3

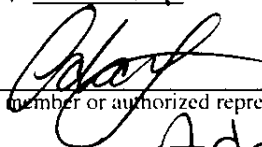
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 June 18, 2014.

Signature of a member or authorized representative of a member



Adam S. Toporek

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JUN 23 PM 1:45
CLERK OF STATE
TALLAHASSEE FLORIDA