L12000125140

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COVER LETTER

	egistration Sec ivision of Corp						
01101000		Monitoring Solutions, LL	_C				
SUBJECT	Name of Limited Liability Company						
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				·
Please retu	ırn all correspo	ndence concerning this matter	to the following:				
		Tito Vertoli					
			Name of Person				
Intouch Monitoring Solutions, LLC Firm/Company							
PO Box 325							
			Address				
		Lakeland, FL 33801				2013	F-700
		tvertoli@gmail.com	City/State and Zip Code		ARAS ARAS	2013 AUG -	
	E-mail address: (to be used for future annual report notification)					_	17000
For further	information co	oncerning this matter, please co	all:		ELS.	PH	Caracter 1
Tito Ver	toli		800 881-6343		RIDA	1: 32	چ _{مبيد} ڙ،
	Name of	Person	at () Area Code & Daytime Te	lephone Number	r		
Enclosed i	s a check for th	e following amount:					
\$25.00	Filing Fee	■\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Statu		sed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

intouch Monitoring Solutions, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our record	<u>!s.</u>)
The Articles of Organization for this Limited Liability Company L12000125140 Florida document number	10/01/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Custom Fleet Solutions, LLC		
The new name must be distinguishable and end with the words "Limi L.L.C."	ted Liability Company," the designa	ttion "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	100 S. Kentucky Ave.	(**). An
(Principal office address MUST BE A STREET ADDRESS)	Ste 220	
	Lakeland, FL 33801	25 G
	,	SS 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Mining wanted Mail Belli Obl Olived Born	-	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· -	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
	, Flor	ida
	City	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> Name **Address** Add Remove Add Remove Remove Remove Add Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	<u> </u>
Ju ated	uly 29 2013
	Jon Jarrell Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

