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| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| · (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO:

Registration Section
Division of Corporations

Virtual Fleet Supervisor, 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:

Tito Vertoli

Name of Person

Custom Fleet Solutions, LLC

Firm/Company

PO Box 325

Address

Lakeland, FL 33802

City/State and Zip Code

tvertoli@gmail.com

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

For further information concerning this matter, please call:

Tito Vertoli

Name of Person

,,800 8

Area Code

01-0343

Daytime Telephone Number

ELORIE SIATE

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our Liability Company) | records.) |
|---|--|---------------------------------------|
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L13000083855</u> . | y were filed on <u>6/10/201</u> | 3 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| Fleet Solutions Group, LLC | | |
| The new name must be distinguishable and end with the words "Lin'L.L.C." | mited Liability Company," the | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | · . |
| Principal office address MUST BE A STREET ADDRESS) | | 75 20 14 CO |
| | | 58 - 71 |
| | | |
| Enter new mailing address, if applicable: | | SHX co l |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| Mulling waters MAT DE ATOST OFFICE BOX | | RRICH F |
| | | |
| 3. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | | rds, <u>enter the name of the n</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florid | la street address |
| | | Florida |
| | City | Zip Code |

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

Virtual Fleet Supervisor, LLC

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.

| . MGR = Manager AMBR = Authorized Member | | | | |
|--|-------------|---|----------------|--|
| <u>itle</u> | <u>Name</u> | Address | Type of Action | |
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| 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: | (ontional) |
| E. Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot | be more than 90 days after filing.) (605.0207 (3)(b) |
| Dated January 6 2014 | |
| Dated January 0 2014 | |
| | |
| | The state of the s |
| Signature of a member or authorize | ted representative of a member |
| | |
| Typed or printed in | Sarre II |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE