

M24000003863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

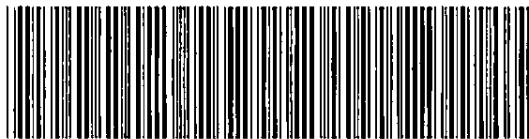
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



800437781358

FILED  
2024 NOV 25 AM 8:24  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Intelli Modus, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Merman  
Name of Person

Control Touch Systems, LLC  
Firm/Company

4528 Bishop Lane  
Address

Louisville, Ky 40218  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brandon Breunig at ( 502 ) 452-9397  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

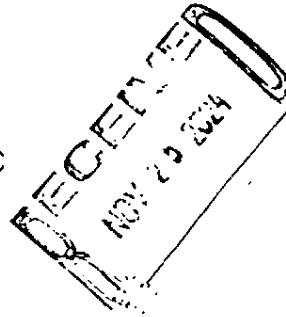


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2024

MICHAEL MERMAN  
4528 BISHOP LANE  
LOUISVILLE, KY 40218

SUBJECT: CONTROL TOUCH SYSTEMS, LLC  
Ref. Number: W24000148966



We have received your document for CONTROL TOUCH SYSTEMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 224A00024161

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Intelli.modus, LLC

Enter new principal office address, if applicable:

(Principal office address)  
MUST BE A STREET ADDRESS

4528 Bishop Lane  
Louisville, Ky, 40218

Enter new mailing address, if applicable:

(Mailing address)  
MAY BE A POST OFFICE BOX

4528 Bishop Lane  
Louisville, Ky, 40218

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2024 NOV 25 AM 8:24  
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M 24000003863

3. Jurisdiction of its organization: Kentucky

4. Date authorized to do business in Florida: 03/25/2024

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Control Touch ~~Corp~~ Systems, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

New Registered Office Address:

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

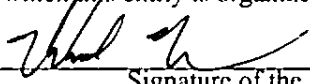
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2024 NOV 25 AM 8:24  
TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Michael Merman  
Typed or printed name of signee

Filing Fee: \$25.00



**Michael G. Adams**  
**Secretary of State**

**Certificate**

I, Michael G. Adams, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF ORGANIZATION OF

CTS AQUISITION, LLC FILED AUGUST 17, 2016;

ARTICLES OF AMENDMENT CHANGING NAME TO CONTROLTOUCH  
SYSTEMS, LLC FILED OCTOBER 4, 2016;

ARTICLES OF AMENDMENT CHANGING NAME TO SEQUENTIC, LLC FILED  
JUNE 21, 2018;

ARTICLES OF AMENDMENT CHANGING NAME TO INTELLIMODUS, LLC FILED  
NOVEMBER 30, 2018;

ARTICLES OF AMENDMENT CHANGING NAME TO CONTROLTOUCH  
SYSTEMS, LLC FILED MAY 10, 2024

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my  
Official Seal at Frankfort, Kentucky, this 7th day of November, 2024.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
kdcoleman/0960411 - Certificate ID: 322435

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Articles of Organization**  
**Limited Liability Company**

LA00  
0960411.06  
Alison Lundergan Grimes  
Secretary of State  
Received and Filed  
8/17/2016 12:00:00 AM  
Fee receipt: \$40.00

**KLC**

For the purposes of forming a limited liability company in Kentucky pursuant to KRS Chapter 275, the undersigned organizer hereby submits the following Articles of Organization to the Office of the Secretary of State for filing:

**Article I:** The name of the company is

**CTS Acquisition, LLC**

**Article II:** The street address of the company's initial registered office in Kentucky is

**500 West Jefferson Street, Suite 2400, Louisville, KY 40202**

and the name of the initial registered agent at that address is **Gary R Weitkamp**

**Article III:** The mailing address of the company's initial principal office is

**500 West Jefferson Street, Suite 2400, Louisville, KY 40202**

**Article IV:** The limited liability company is to be managed by **Managers**

Executed by the Organizer on Wednesday, August 17, 2016

Name of Organizer: **Gary R Weitkamp**

Signature of individual signing on behalf of Organizer:

**Gary R Weitkamp**

I, **Gary R Weitkamp**, consent to serve as the Registered Agent on behalf of the limited liability company.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Gary R Weitkamp



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0960411.06

mstratton  
AMD

Allison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
10/4/2016 8:31 AM  
Fee Receipt: \$40.00

Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Amendment  
(Limited Liability Company)

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. Name of the limited liability company on record with the Office of the Secretary of State is

CTS Acquisition, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article I shall be amended to read as follows:

"The name of the Company is ControlTouch Systems, LLC."

3. The date of adoption of each amendment was September 30, 2016

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers ☒ or members ☐ in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

6. The individual signing these articles of amendment is a (check only one): Member ☐ or Manager ☒.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

 K. Michael Roberts Sole Manager 9/30/16  
Signature of Member, Manager or Authorized Party Printed Name Title Date

Signature of Member, Manager or Authorized Party Printed Name Title Date



0960411.06

dcomish  
AMDAlison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
6/21/2018 2:05 PM  
Fee Receipt: \$40.00

**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Amendment  
(Limited Liability Company)

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275 the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. Name of the limited liability company on record with the Office of the Secretary of State is:

ControlTouch Systems, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted, Article I shall be amended to read as follows:

The name of the company is Sequentia, LLC

3. The date of adoption of each amendment was June 12, 2018

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers ☒ or members ☐ in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

(Delayed effective date and/or time)

6. The individual signing these articles of amendment is a (check only one): Member ☐ or Manager ☒

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	<u>K. Michael Roberts</u>	<u>Manager</u>	<u>6/12/18</u>
Signature of Member, Manager or Authorized Party	Printed Name	Title	Date

Signature of Member, Manager or Authorized Party	Printed Name	Title	Date
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0960411.06

mstratton  
AMDAlison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
11/30/2018 1:28 PM  
Fee Receipt: \$40.00

**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Division of Business Filings  
 Business Filings  
 PO Box 718  
 Frankfort, KY 40602  
 (502) 584-3490  
 www.sos.ky.gov

Articles of Amendment  
 (Limited Liability Company)

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. Name of the limited liability company on record with the Office of the Secretary of State is:

Sequentiq, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article I shall be amended to read as follows:

The name of the company is Intellimodus, LLC

3. The date of adoption of each amendment was November 8, 2018

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers ☒ or members ☐ in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

(Delayed effective date and/or time)

6. The individual signing these articles of amendment is a (check only one): Member ☐ or Manager ☒.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

K. Michael Roberts Manager 11/8/18  
 Signature of Member, Manager or Authorized Party Printed Name Title Date

\_\_\_\_\_  
 Signature of Member, Manager or Authorized Party Printed Name Title Date



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

0960411.06

mwellman  
AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
5/10/2024 12:44 PM  
Fee Receipt: \$40.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Amendment  
(Limited Liability Company)

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. The name of the limited liability company on record with the Office of the Secretary of State is:

INTELLIMODUS, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: NAME CHANGE TO:

CONTROLTOUCH SYSTEMS, LLC

3. The date of adoption of each amendment was 05/10/2024

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers ☒ or members ☐ in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing.

6. The individual signing these articles of amendment is a (check only one): Member ☐ or Manager ☒

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

 MICHAEL MERMAN MANAGER 5/10/2024

Signature of Member, Manager or Authorized Party

Printed Name

Title

Date

Signature of Member, Manager or Authorized Party

Printed Name

Title

Date