

LB5 000064927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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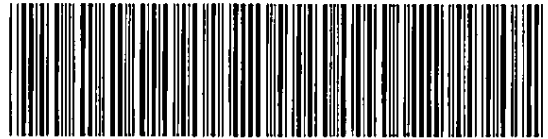
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Trenchless Supply, 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:

Jaime Jungers

Name of Person

Trenchless Supply, LLC

Firm/Company

5625 Arnie Lopp

Address

Bradenton, Florida 34211

City/State and Zip Code

Jaime@trenchless-sales.com

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

For further information concerning this matter, please call:

Jaime Jungers

Name of Person

941  
at ( )

Area Code

527-8231

Daytime Telephone Number

STATE  
FL

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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 Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Trenchless Supply, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/27/2005 and assigned  
Florida document number L05000064927.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

Jaime Jungers

5625 Arnie Loop

Bradenton, FL 34211

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5625 Arnie Loop

Bradenton, FL 34211

**B. If amending the registered agent and/or registered office 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:

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jaime Jungers	5625 Arnie Loop	<input checked="" type="checkbox"/> Add
		Bradenton, FL. 34211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Jungers	5625 Arnie Loop	<input checked="" type="checkbox"/> Add
		Bradenton, FL. 34211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michelle Jungers	8374 Market St. #151	<input type="checkbox"/> Add
		Bradenton, FL. 34202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Any and all associated documents with Trenchless Supply, LLC should be changed over to Jaime Jungers the  
owner and managing member of Trenchless Supply, LLC

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TALLAHASSEE, FL

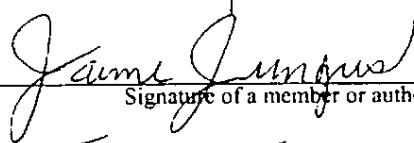
**E. Effective date, if other than the date of filing:** November 1st 2023 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01/22/2024 2024



Signature of a member or authorized representative of a member

Jaime Jungers

Typed or printed name of signee