

L11000011960

(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



800237389848

07/16/12--01015--015 \*\*25.00

T. CLINE

JUL 17 2012

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUL 16 PM 1:44

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Treehouse Truck "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:

Sarah Clements  
Name of Person

Firm/Company

1019 Lake Biscayne Way  
Address

Orlando, FL 32824  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sarah Clements at ( 407 ) 3468670  
Name of Person 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

FILED  
2007 JUN 16 PM 1:44  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

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

Treehouse Truck "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 January 28, 2011 and assigned  
Florida document number L11000011960.

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 end with 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)**

1019 Lake Biscayne Way

Orlando, FL 32824

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

**(Mailing address MAY BE A POST OFFICE BOX)**

1019 Lake Biscayne Way

Orlando, FL 32824

FILED  
2012 JUL 16 PM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Sarah Clements

New Registered Office Address:

1019 Lake Biscayne Way

*Enter Florida street address*

Orlando  
City

Florida

32824  
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.*

Sarah Clements  
If Changing Registered Agent, Signature of New Registered Agent

**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

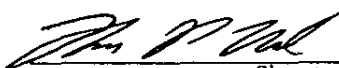
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas Ward	5085 Latrobe Dr Windermere, FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nils Helset	50 East Robinson St Unit #2110 Orlando, FL 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sarah Clements	1019 Lake Biscayne Way Orlando, FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Vincent Olivieri	1019 Lake Biscayne Way Orlando, FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 11, 2012



Signature of a member or authorized representative of a member

THOMAS WARD

NILS HELSET

Typed or printed name of signee

FILED  
JUL 16 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA