

L12 0000097393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 JAN 14 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JAN 15 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRUNK MASTER TREE SERVICE 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:

**JARED O LANE**

Name of Person

**TRUNK MASTER TREE SERVICE LLC**

Firm/Company

**224 FIRST STREET**

Address

**DAVENPORT FL 33837**

City/State and Zip Code

**FOURWHEELER222@GMAIL.COM**

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

For further information concerning this matter, please call:

**JARED O LANE**

Name of Person

**863 241-7959**

at ( )

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

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

**FILED**

**2013 JAN 14 PM 2:46**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**TRUNK MASTER TREE SERVICE 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 JULY 27, 2012 and assigned  
Florida document number L12000097393.

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)**

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

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

**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:** JARED O LANE

**New Registered Office Address:** 224 FIRST STREET

*Enter Florida street address*

DAVENPORT, Florida 33837

*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.*

Jared Lane  
**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         | DONALD J GRENKE | 565 ELLISON PARKWAY | <input type="checkbox"/> Add               |
|              |                 | HAINES CITY         | <input checked="" type="checkbox"/> Remove |
|              |                 | FLORIDA 33844       |  |
|              |                 |                     | <input type="checkbox"/> Add               |
|              |                 |                     | <input type="checkbox"/> Remove            |
|              |                 |                     |  |
|              |                 |                     | <input type="checkbox"/> Add               |
|              |                 |                     | <input type="checkbox"/> Remove            |
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|              |                 |                     | <input type="checkbox"/> Add               |
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|              |                 |                     | <input type="checkbox"/> Add               |
|              |                 |                     | <input type="checkbox"/> Remove            |
|              |                 |                     |  |

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

DONALD J GRENKE WAS NOT ISSUED CERTIFICATE OF UNITS, AND  
DID NOT PARTICIPATE IN THE BUSINESS OPERATIONS AT ANYTIME.

Dated JANUARY 3, 2013



Signature of a member or authorized representative of a member

JARED O LANE

Typed or printed name of signee

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