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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporation		•	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Can	dace Brown Name of Person	\bigcap
	Tru	inkers LLC	
	2832	Valley Forge	5+
	Sarasota	FL 3423	3/
-		City/State and Zip Code O 23 (a) 20/100 o be used for future annual report notifice	
For further information conc	erning this matter, please ca	11:	
Candac	e Brown	at (941) 928	3121
Name of Pe	rson	Area Code Daytime I	elephone Number
Enclosed is a check for the f	ollowing amount:		
1	□ \$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

Trunker	s LLC	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000 25 2389</u> .	were filed on Dec. 11, 3	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		A PE
(Principal office address MUST BE A STREET ADDRESS)	-	FE AFE
		23 F
Enter new mailing address, if applicable:		PH 7
(Mailing address MAY BE A POST OFFICE BOX)	AND	S RATE
B. If amending the registered agent and/or registered o	ffice address on our records,	enter the name of the nev
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
	City	Zip Code
Navy Desirtaned Assetts Simpleys if should be Desirtaned Asset		

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 P	erson(s) authorized to m	anage, <u>enter the title,</u>	name, and address of	<u>feach person</u> be	eing added
<u>or removed from our reco</u>	<u>rds</u> :				

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
Partner	Coundace Brown	2832 Valley Forge St	. th Add
		Sarasota FL 34231	Remove
0			Change
Partner	William Wisell	2728 Valley Forge St	bAdd
		Sarasota FL 3423/	□ Remove
			Change
			Add
			Remove
			Change
			□ Add
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reffecti te: If t	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuathe date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.	
recor he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th Oth day after the record is filed.	e earlier
ed	Feb 21, 2018. Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	•	

Page 3 of 3

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L17000252389 FILED 8:00 AM December 11, 2017 Sec. Of State nculligan

Article I

The name of the Limited Liability Company is: TRUNKERS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2832 VALLEY FORGE ST SARASOTA, FL. 34231

The mailing address of the Limited Liability Company is:

2832 VALLEY FORGE ST SARASOTA, FL. 34231

Article III

The name and Florida street address of the registered agent is:

CANDACE E BROWN 2832 VALLEY FORGE ST SARASOTA, FL. 34231

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CANDACE BROWN

Article IV

The effective date for this Limited Liability Company shall be:

12/10/2017

Signature of member or an authorized representative

Electronic Signature: CANDACE BROWN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.