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## **COVER LETTER**

TO:

Registration Section Division of Corporations

	lorida Stumpgrinding, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Michael Joyce		
		Name of Person	<del></del>
	Central Florida Stump Gri	nding, LLC	
		Firm/Company	<u></u>
	PO Box 1333		
	<del></del>	Address	<del></del>
	Oakland, FL 34760		
		City/State and Zip Code	
	mike@centralf1stump.com		
	E-mail address: (	to be used for future annual report noti	itication)
For further information	concerning this matter, please c	all:	
Michael Joyce		352 516-1554 at (	
Name	of Person	Area Code Daytim	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Florida Stumpgrinding, 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  $\frac{12/02/2008}{1}$ and assigned Florida document number 1.08000110617 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Central Floirda Stump Grinding, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 60 Vandermeer St. Enter new principal offices address, if applicable: Oakland, FL 34760 (Principal office address MUST BE A STREET ADDRESS) PO Box 1333 Enter new mailing address, if applicable: Oakalnd, FL 34760 (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: New Registered Office Address: Enter Florida street address 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>	Name	<u>Address</u>	Type of Action
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			□Remove
			□Add
			□Remove
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			□Remove
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			□Remove

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Effecti	ve date, if other than the date of filing: (optional)
(If an eff	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the
rd is fil	ed.
	$C \sim C$
Dated	June 8
	Signature of a member or authorized representative of a member
	Signature of a memoer of admonized representative of a memoer
	Michael Joyce

Filing Fee: \$25.00