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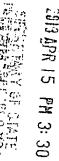
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(Address)	
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(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stump Grinding Pro 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:
Stanley H Jackson Name of Person
Stump Grinding Pro LLC
6747 Bayou Grand Blud
St. Petersburg FL 33702 City/State and 21p Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Stanley H. Jackson at 813, 226-7402 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (additional copy is
MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations Cliffor Publishing
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stump ()(In (Name of the Limited Liabili	ty Company as it now appears on a Limited Hability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L1300038</u>	Company were filed on 03 1	3 13 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7913 E.E.
(Principal office address MUST BE A STREET ADD	DRESS)	
		ज र
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		# ω # ω
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida 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 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.

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>	Address	Type of Action
MGRM	Stanley H. Jackson	~ 6747 Bayou Grand Bl 51. Petersburg, FL 337	ud NAdd
	l	St. Petersburg, FL 337	Q Remove
			Add
			Remove
			Add
			Remove
			2013 APR
			Alla
			Remove
			30 -
			Add
			Remove
			_
	·		Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ADD Managing Member: MGRM
	ADD Managing Member: MGRM Stanley It. Jackson
Dated	03/13, 2013.
	Signature of a member of authorized representative of a member
	Stanley H. Tackson
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00