# L13000038735

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SEGRETARY OF STATE FLORIDA

N. Cuffigan JUN 2 4 2013

### **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 Firm/Company				
6747 Bayar Grand Blvd				
St. Petersburg FL 33702 City/State and Zip Code				
Pinzon Q aol · Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Stanley H. Jackson at (815) 226-7402  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status 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

## ARTICLES OF AMENDMENT TO

# 2013 JUN 21 PM 12: 05

## ARTICLES OF ORGANIZATION SECRETARY OF STATE **OF**

TALLAHASSEE, FLORIDA

Stump Grand (Name of the Limited Liab	ling Pro 1	LLC
( <u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears ida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L130000387</u>	ty Company were filed on 0	3 13 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	<b>:</b>
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AI	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er Florida street address
_	City	, Florida Zip Code
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Linda Jackson	6747 Bayar Grand Blvd	V Add
		6747 Bayon Grand Blvd St. Petersbury, FL 3370	2 Remove
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			_
		-	Add
		<u> </u>	Remove
			<b>-</b> □
			_ L_ Add
			Remove
			Add
			Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Add MGR: Linda Jackson
_	
_	
_	
_	
Dated	06/20, 2013.
	Stanley H. Jackson  Signature of a member or authorized representative of a member  Stanley H. Jackson.  Typed or printed name of signee
	Signature of Almember or authorized representative of a member
	Stanley H. Jackson.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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2013 JUN 21 PH 12: 06
SECRETARY OF STATE