

L15000082086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

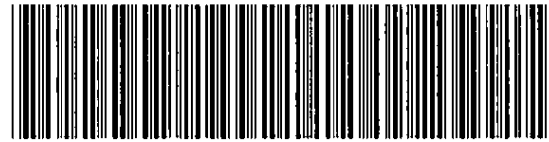
(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 21 2024

Office Use Only



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CLERK
24 FEB 21 PM 3:55
ALL SERVICES, CANADA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affordable Stump Grinding 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:

Samantha Lewey
Name of Person

Firm/Company

2108 Scenic Rd.
Address

Tallahassee FL 32303
City/State and Zip Code

Samantha@arboristsbynaturellc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Lewey at (850) 491-4943
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Affordable Stump Grinding LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
24 FEB 21 PM 3:57

The Articles of Organization for this Limited Liability Company were filed on 5/11/15 and assigned
Florida document number L15000082086

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 contain 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**)

2108 Scenic Rd.
Tallahassee, FL 32303

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:

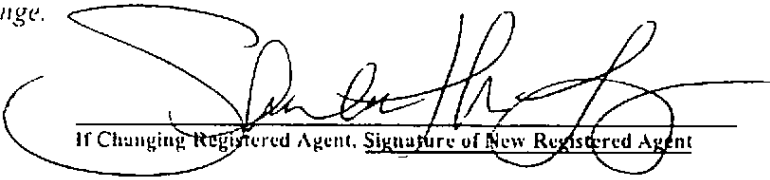
Name of New Registered Agent:

New Registered Office Address:

Samantha Lewey
2108 Scenic Rd.
Enter Florida street address
Tallahassee, Florida 32303
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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James Rybicki	2108 Scenic Rd	<input type="checkbox"/> Add
		Tallahassee, FL 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rebecca Rybicki	3947 Caldwell Dr.	<input type="checkbox"/> Add
		Tallahassee, FL 32310	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
owner	John J Rybicki	3930 Cates Ave.	<input type="checkbox"/> Add
		Tallahassee, FL 32310	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

Dated 21/21/24

Signature of a member or authorized representative of a member

Samantha Lowe
Typed or printed name of signee

Filing Fee: \$25.00