## 120000/15007

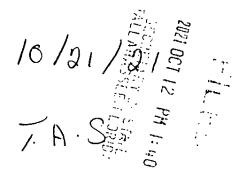
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section

Div	ision of Corp	porations		*
	Sam's Stum	p Grinding LLC	•	
SUBJECT:			ited Liability Company	
The enclosed	l Articles of .	at (		
Please return	all correspon	ndence concerning this matter	to the following:	
		Kelsey Polasek		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		5511 Parkerest Drive STE		ompany  ong:  of Person  ompany  fress  nd Zip Code  future annual report notification)  44
			Audress	
		Austin, Texas, 78731		
		Calfillaring @graphing and	•	
				tification)
For further i	nformation c	oncerning this matter, please ca	all:	
Kelsey Polasek c/o ZenBusiness INC				
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	iling Addres			ection
Division of Corporations		<del>-</del>		
	D. Box 632			
Ta	Hahassee, l	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sam's Stump Grinding LLC.  (Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000115007}{1.20000115007}$ . This amendment is submitted to amend the following:	were filed on <u>04-28-2020</u>	and assigned
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	982 NW Spradley RD Lake C	200
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	982 NW Spradley RD Lake C	10 PH 11 PH
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		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 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 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>	Address	Type of Action
AMBR	Samuel Hartley	982 NW Spradley RD Lake City , FL 32055	□ Add
			□ Remove
			Change
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fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloc cument's effective date on the Dep	e specific and ca k does not mee	mot be prior to t the applicab	date of filing or n le statutory filir	(opt nore than 90 days afte og requirements, th	ional) er tiling.) Pursuant is date will not b	to 605.020 e listed as
ecord specifies a delayed effective is filed.	date, but not an	effective time	e, at 12:01 a.m.	on the earlier of: (	b) The 90th day	after the
ted October 5	·:	2021	. •			
/s/ Samuel Hartley						