

L23000009740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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(Business Entity Name)

(Document Number)

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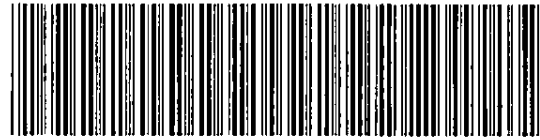
Certificates of Status _____

Special Instructions to Filing Officer:

Free amendment
due to error.

SC.

Office Use Only



700400727077

S. CHATHAM
JAN 19 2023

RECEIVED
DIVISION OF REVENUE
23 JAN 19 PM 4:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stump and Grind Logistics
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Purnell Harris
Name of Person

Stump and Grind Logistics
Firm/Company

3452 Belfort Road
Address

Jacksonville, Florida 32216
City/State and Zip Code

purnellharris123@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Purnell Harris at (904) 472-0672
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

Stump & Grind Logistics LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 1/4/23 and assigned
Florida document number L23000009740

This amendment is submitted to amend the following:

1. 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."

2. Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

3. Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

23 JAN 19 PM 4:25
DIVISION OF REVENUE
SEALING UNIT
TALLAHASSEE, FLORIDA

4. 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:

Purnell Harris

New Registered Office Address:

3452 Belfort Road

Enter Florida street address

Jacksonville

City

Florida

32216

Zip Code

5. 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.

Purnell L Harris

If Changing Registered Agent, Signature of New Registered Agent

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 | Purnell Harris | 3452 Belfort Road | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, Fl. 32216 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

23 JUN 19 4:45 PM
DIVISION OF...

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The names first and last were listed in reverse causing a problem with my bank. My first name is Purnell, last name Harris. I need it changed to such under authorized persons detail

FILED
SECRETARY OF STATE
DIVISION OF RECORDS
23 JAN 19 PM 4:25

Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date is filed.

Dated January 19, 2023
1/19/23

Purnell L. Harris
Signature of a member or authorized representative of a member

Purnell L. Harris
Typed or printed name of signee