

L23000165811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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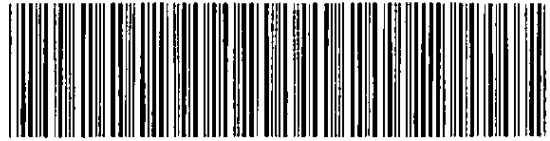
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stump Reapers LLC
Name of Limited Liability Company
change ownership etc

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Franklin C. Manasco
Name of Person Jennifer Manasco
Stump Reapers LLC
Firm/Company
1715 18th Ave N
Address
Lake Worth Beach FL 33460
City/State and Zip Code
Stumpreapers@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Franklin Manasco at (561) 587-21057
Name of Person Area Code Daytime Telephone Number
Jennifer Manasco 561 676-8772

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

The Articles of Organization for this Limited Liability Company were filed on 4/3/23 and assigned Florida document number L23000165811.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Jennifer Manasco

New Registered Office Address:

1715 18th Ave N

Enter Florida street address

Lake Worth Beach, Florida 33460

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.

Jennifer Manasco
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> |
|--------------|------------------|-------------------------|--|
| AMBR | Franklin Manasco | 1715 18th Ave N | <input type="checkbox"/> Add |
| | | Lake Worth Beach, 33460 | <input type="checkbox"/> Remove |
| | | 49th owner | <input checked="" type="checkbox"/> Change |
| AMBR | Jennifer Manasco | 1715 18th Ave N | <input type="checkbox"/> Add |
| | | Lake Worth Beach 33460 | <input type="checkbox"/> Remove |
| | | 51th owner | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

change of ~~ownership~~
change of ownership from
Franklin C. Manasco 50%
Jennifer Manasco 50%
to:
Jennifer Manasco 51%
Franklin C. Manasco 49%

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E. Effective date, if other than the date of filing: 7/14/23 (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 record is filed.

Dated 7/14, 2023

Jennifer Manasco
Signature of a member or authorized representative of a member

Jennifer Manasco
Typed or printed name of signee