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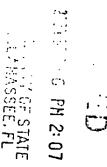
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

TM STUM	P GRINDING TREE SERVIC	E & MORE LLC		
3000ET.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DANIEL JOHN MCCLAI	N		
		Name of Person		
	TM STUMP GRINDING	TREE SERVICE & MORE LLC		
		Firm/Company	·	
	505 PINTAILL CIR			
		Address		
	AUBURNDALE, FL 3382	13		
		City/State and Zip Code		
	-	ANDTREESERVICES.COM		
	E-mail address: (to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
DANIEL JOHN MCCLA	VIN	863 604-3869		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address		Street Address:	u ve	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TM STUMP GRINDING TREE SEI	RVICE & MORE	LLC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/30/2024}{\text{Lorida document number}}$				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of DUCK S LOW he new name must be distinguishable and contain the wo	on Se	ervice LLC	or the abbreviation "L.I. (' "	
Enter new principal offices address, if applica		505 PINTAIL CIR	/ 	
Principal office address MUST BE A STREE		AUBURNDALE, FL 33823	411	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	505 PINTAIL CIR AUBURNDALE. FL 33823	-S PH 2: 07	
3. If amending the registered agent and/or re igent and/or the new registered office address	egistered office a s here:	address on our records, <u>enter th</u>	e name of the new register	
Name of New Registered Agent:	MCCLAIN, DANIEL JOHN			
New Registered Office Address:	505 PINTAIL O			
		Enter Florida street address		

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.

City

AUBURNDALE

If Changing Registered Agent, Signature of New Registered Agent

, Florida 33823
Zip Code

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	MCCLAIN, DANIEL JOHN	505 PINTAIL CIR	
		AUBURNDALE, FL 33823	□Remove
			□Change
AMBR	MCCLAIN, TRENA	2109 GARY RD	□Add
		AUBURNDALE, FL 33823	≡ Remove
			□Change
AMBR	MCCLAIN, JOHN L	2109 GARY RD	□Add
		AUBURNDALE, FL 33823	Remove
			□Change
			□Remove
			Change
			ASSET B Remove
			SSE PH Remove
			□Add
			□Remove
			□ Change

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ective date, if other than the da	ate of filing:		(optional)	
effective date is listed, the date must be: If the date inserted in this bloc	e specific and cannot be prior to	date of filing or more than 9	0 days after filing.)	Pursuant to 605.0
ument's effective date on the Dep	artment of State's records.	ic statetory ming require	menes, ans date	ant not oc fiste
cord specifies a delayed effective of filed.	late, but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The	90th day after
, med.				
AUGUST 14	2024			
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June III	gnature of a member or authoriz			

Filing Fee: \$25.00