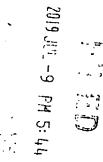
PO60000 3721

(Requestor's Name)	
(Address)	700331394487
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	07/09/19-501004 5011 ••00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	2011
	2019 Jen

Office Use Only

R. WHITE.
JUL 17 2019



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: All About Stumps, Inc. DOCUMENT NUMBER: P06000003721 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wanda Shaw Name of Contact Person All About Stumps, Inc. Firm/ Company 3331 NW 15th Terrace Address Pompano Beach, FL 33064 City/ State and Zip Code angie@allaboutstumpsinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 257-1276

Area Code & Daytime Telephone Number Wanda Shaw Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

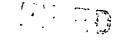
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

.

Articles of Incorporation of



2019 JUL - 9 PM 5: 44

(Name of Corporation	n as currently filed with the Florida Dept. of State)
(Docume	ent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the cor	poration:
N/A	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
	N/A
8. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDI	
. 33	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A
If amending the registered agent and/or registered new registered agent and/or the new registered o N/A	
Name of New Registered Agent	
	(Florida street address)
	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Office Address:	(City) (Zip Code)
lew Registered Agent's Signature, if changing Regis	stered Agent:
lew Registered Agent's Signature, if changing Regis	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Angelina K. Scott	3331 NW 15th Terrace
X Add			Pompano Beach, FL 33064
Remove			
2) Change			
Ađd			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u></u>	
Add			
Remove			
6) Change			
Add			-
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
Please add Angelina K. Scott as Treasurer of	of All About Stumps, Inc.
····	
	
	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
WAA .	

	July 5, 2019	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
	5, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this lead to the Double on t	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment of the approval.	nt(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement ement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareho	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
July 5, 20 Dated	19 	
Signature	lirector, president or other officer - if directors or officers have not be	en
selecto	d, by an incorporator – if in the hands of a receiver, trustee, or other cotted fiduciary by that fiduciary)	
	Wanda K Shaw	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	