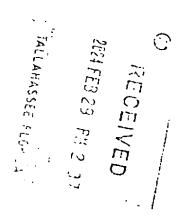
(1	Requestor's Name)	
(/	Address)	
•	,	
(/	Address)	
	City (Canal File File File and At	
((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1)	Business Entity Name)	
	Document Number)	
,,	Social Name of	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	

Office Use Only



300424642. NIC Amend 15829 PH 23



A. RAMSEY MAR -1.2024

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

	_
ALL AMERICAN PROPERTY	
MAINTENANCE, INC.	
Please Debit FCA000000003 For: 52.50	
Thank you Seth Neeley	
1-4-1	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	X Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	X Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Singston	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC Lor 3 File
	UCC 11 Search
Name Date Time	UCC II Retrieval
Walk-In Will Pick Up	Courier

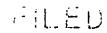
COVER LETTER

TO: Amendment Section Division of Corporations

ORATION: ALL AMERICAN	PROPERTY MAINTENA	ANCE, INC.
D12000077927	-	
es of Amendment and fee are so	ubmitted for filing.	
respondence concerning this ma	atter to the following:	
RONALD S KINNAMAN J	R.	
	Name of Contact Perso	n
ALL AMERICAN PROPER	RTY MAINTENANCE, INC	D.
, ,, ,	Firm/ Company	<u> </u>
2837 E 15th St		
	Address	
PANAMA CITY / FLORIDA	A 32405	
	City/ State and Zip Cod	u
SHANEKINNAMAN@GMA	AIL.COM	
_		notification)
	904	397-8867
of Contact Person		de & Daytime Telephone Number
for the following amount made	payable to the Florida Depa	artment of State:
☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
		Address
	Amend	ment Section
		n of Corporations
D. BOX 0327 Hahassee, FL 32314		entre of Tallahassee Monroe Street Suite 810
	ABER: P12000077837 IN of Amendment and fee are so respondence concerning this management. RONALD S KINNAMAN J ALL AMERICAN PROPER 2837 E 15th St PANAMA CITY / FLORIDA SHANEKINNAMAN@GMA E-mail address: (to be understood to be understood t	RONALD S KINNAMAN JR. RONALD S KINNAMAN JR. Name of Contact Person ALL AMERICAN PROPERTY MAINTENANCE, INC Firm/ Company 2837 E 15th St Address PANAMA CITY / FLORIDA 32405 City/ State and Zip Code SHANEKINNAMAN@GMAIL.COM E-mail address: (to be used for future annual report on concerning this matter, please call: MAN JR. of Contact Person for the following amount made payable to the Florida Department of Status Certificate of Status Certified Copy (Additional copy is enclosed) milling Address mendment Section vision of Corporations D. Box 6327 Street Amend Sivisio The Co

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ALL AMERICAN PROPERTY MAINTENANCE, INC.

2024 FEB 29 PM 12 23

(Name of Corporation as currently filed with the Florida Dept. of State).	
P12000077837	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	ent(s) to
A. If amending name, enter the new name of the corporation:	
STUMP DEPOT, INC. The nev	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	•
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
, I produce a second se	
Signature of New Registered Agent, if changing	

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

X Change	<u>PT</u>	<u>John Do</u>	<u>)c</u>			
X Remove	<u>V</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change		_				
Add						
Remove						
2) Change		_				
Add						
Remove 3) Range		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove					···	
б) Change		_				
Add						
Remove						

Muach adainonal	dding additional Ar sheets, if necessary).	(Be specific)	<u>ceta) nere</u> .		
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f an amendment	provides for an exc	hange, reclassific	ation, or cancellat	tion of issued sha	res.
<u>provisions for in</u>	nplementing the am	endment if not co	ntained in the am	endment itself:	
(if not applied	able, indicate N/A)				
- 					_
				**	
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	02/28/2024	18 .1 .1 .1
The date of each amendment(s date this document was signed.) adoption:	, it other than the
-	2/28/2024	
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehole	der action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amer e sufficient for approval.	ndment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	statement (s):
	ast for the amendment(s) was/were sufficient for approval	
by	···	
, <u></u>	(voting group)	
02/28/2	024	
02/20/2 Dated	<u> </u>	
Signature /S/	RONALD S KINNAMAN JR.	
(By sele	a director, president or other officer – if directors or officers have no cted, by an incorporator – if in the hands of a receiver, trustee, or of ointed fiduciary by that fiduciary)	
	RONALD S KINNAMAN JR.	
	(Typed or printed name of person signing)	
	Title P	
	(Title of person signing)	