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Office Use Only



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2011 APR 20 PM 3: 22

J. SAULSBERRY EXAMINER

APR 22 2011

COVER LETTER

Division of C	Corporations					
SUBJECT:	14171	14171 Cemetery LLC				
		ited Liability Company	·			
	of Amendment and fee(s) are sui	-				
Please return all corre	spondence concerning this matter	r to the following:				
		Charles Cook				
		Name of Person				
14171 Cemetery LLC Firm/Company				Z (S)	201	
173 Atlanta Ave SE				ECRÉTARY OF STATE LAHASSEE, FLORIDA	2011 APR 20	ন
Address				ARY	20	<u> </u>
Atlanta, GA 30315				rion Ti	PM 3: 22	M
		City/State and Zip Code				الندرة
	ition)	DA TE	22			
For further information	n concerning this matter, please of	•	,			
(Charles Cook	at (770) 6	55-9095			
Name of Person		Area Code & Daytime	Telephone Number			
Enclosed is a check for	r the 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 Certificate Certified C (additional	of Status Copy		
	LING ADDRESS: stration Section	STREET/COURIED Registration Section	R ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	14171 Cen	netery LLC				
(Name of the Limited	I Liability Compa A Florida Limited	iny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	iability Company	were filed on	March 9, 2004	and assig	ned	
Florida document numberL0400001	8616					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name o	f the limited lial	bility company he	<u>re</u> :			
	n/a	a				
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Comp	any," the designation	"LLC" or the abl	oreviation	
Enter new principal offices address, if applic	cable:	n/a		A 2		
(Principal office address MUST BE A STREI	ET ADDRESS)			28 SE		
				28 B	चीह	
				SŽ N		
Enter new mailing address, if applicable:		n/a		O I		
(Mailing address MAY BE A POST OFFICE			PK FS			
				SE SE		
				Dir N		
B. If amending the registered agent and registered agent and/or the new registered of	•		our records, <u>enter</u>	the name of	the new	
Name of New Registered Agent:	n/a					
New Registered Office Address:						
		Enter Florida street address				
		, Florida				
		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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address** Type of Action <u>Title</u> <u>Name</u> MGR LE-DO INVESTMENTS, LLC 2244 ISLE OF PINES AVENUE ∐ Add ✓ Remove FORT MYFRS, FL 33905 ANDREW DO MGRM 2244 ISLE OF PINES AVENUE ✓ Add FORT MYERS FL 33905 Remove ☐ Add Remove □ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 15 2011 Dated ____ Signature of a member or authorized representative of a member Charles D Cook Typed or printed name of signee

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Filing Fee: \$25.00