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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: R. Lee Williams &	Son Funeral Home, Inc.			
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Robin L. Williams				
		Name of Contact Persor	1		
	R. Lee Williams & Son Fune	ral Home, Inc.			
		Firm/ Company			
	9808 Ashley Drive				
	Address				
	Seminole, Florida 33772				
		City/ State and Zip Code	2		
	rwilliams@mindspring.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
	in concerning this maner, press				
Robin L. Williams		at (727	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment n

	(Name of Corporation as currently filed wit
R. Lee Williams & Son Funeral	Home, Inc.
	of
	Articles of Incorporatio
	to

(Name	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e)</u>
113815			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
RLW St. Petersburg, Inc.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,	Corp, " "Inc, " or "Co" -	A professional corporation name mu-	phreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9808 Ashley Drive	
		Seminole, Florida 33772	2021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9808 Ashley Drive	
		Seminole, Florida 33772	
		_	
D. If amending the registered agent an new registered agent and/or the ne			<u>:</u>
Name of New Registered Agent			
	9808 Ashley Drive		
	(Florida :	street address)	
New Registered Office Address:	Seminole , Florida 337		33772
		(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis			position.
	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)

Example:

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; CEO = 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

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jor	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_ 		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	or adding additional sheets, if nec	ressary). (Be sp	ecific)	_		
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f an amendn	nent provides fo	r an exchange, re	eclassification, or	cancellation of is	sued shares,	
provisions for	or implementing oplicable, indicate	<u>the amendment</u> w N/d)	if not contained	in the ame <u>ndmen</u>	t itself:	
(1) 7101 14	ymeume, mareum	C 1				
		_				
_						
						_
						_

	December 16, 2021	
The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date very Department of State's records.	vill 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 shareholder action a	nd shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	:	
	(voting group)	
Decem Dated	ber 16, 2021	
Signature	OH hade	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Robin L. Williams	
	(Typed or printed name of person signing)	
	President & Sole Director	
	(Title of person signing)	