630646

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Vista Funeral Home, Inc.		
DOCUMENT NUMBER: 630646		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Robert H. Yaffe, Esq.		
	Name of Contact Persor	1
Robert H. Yaffe, P.A.		
	Firm/ Company	
12000 Biscayne Boulevard,	Suite 511	
	Address	
Miami, FL 33181		
	City/ State and Zip Code	9
robert@robertyaffe.com		
	ised for future annual report	notification)
For further information concerning this matter, plea	ise call:	
Robert H. Yaffe, Esq.	305	749-2341
· · · · · · · · · · · · · · · · · · ·	at (
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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to

Vista Funeral Home, Inc.		
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)
Vista Funeral Home, Inc.		1,30646
, , , , , , , , , , , , , , , , , , , ,	(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopts the following amendme
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc." or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address,		
(Principal office address <u>MUST BE A S</u>	IREET ADDRESS)	
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		
5 te 1 d		
D. If amending the registered agent an new registered agent and/or the new registered agent and agent and agent age		ss in Florida, enter the name of the
	Robert II. Yaffe, Esq.	
Name of New Registered Agent	Robert H. Talle, Esq.	
	12000 Biscayne Boulevard,	Suite 511
	(Florida stree	t address)
New Registered Office Address:	Miami	Florida 33181
New Registered Office Address.	((ity) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	
		th and accept the obligations of the position.
	Λ	
	Ko	
	100	
	Signature of New Res	zistered Agent, if changing

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 hecessory)

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Janice Revitz	1424 NW LeJeune Road
Add x Remove			Miami, FL
2) Change	S	R.G. Maxwell	14200 NW 57 Avenue
Add			Ifialeah, FL
Remove 3) Change	ST	Les Klein	14200 NW 57 Avenue
Add			Hialeah, FL
Remove	A CT		14200 NW 57 4
4) Change	AST	Jay Wescher	Hialcah, FL
Add			
5) Change	<u>v</u>	Genna Revitz	14200 NW 57 Avenue
X Add			Hialeah, FL
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
4100	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

June 12, 2015	' राम ¥िंग
The date of each amendment(s) adoption: date this document was signed.	SECRETARY OF STATE if other than the
*	DIVISION OF CORPORATIONS
Effective date <u>if applicable</u> :	15 HIN 29 PM 4: 35
(no more t	han 90 days after amendment Me date)
	applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) wa	as/were sufficient for approval
by(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
June 12, 2015	
Me	
Signature	
(By a director, president or othe	r officer – if directors or officers have her been in the hands of a receiver, trustee, or other court
appointed fiduciary by that fidu	
Mark Revitz	
(Typed or pr	inted name of person signing)
President	
	Title of person signing)