768718

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Da	cument Number)	
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Mils		

Office Use Only



700421745277

01/22/24--01021--008 **35.00

N JUI 22 TU 12: 13

COVER LETTER

TO: Amendment Section Division of Corporations

GARDEN NAME OF CORPORATION:	OF MEMORIES, INC	C.		
768718				
DOCUMENT NUMBER:			<u></u>	
The enclosed Articles of Amendment and t	ee are submitted for fil	ing.		
Please return all correspondence concerning	g this matter to the follo	owing:		
THOMAS A. SCHRADER				
	(Name of C	ontact Person)		
GARDEN OF MEMORIES, INC.				
	(Firm/ C	Company)		
POST OFFICE BOX 817				
	(Ad	ldress)		
SAN ANTONIO, FLORIDA 33576				
	(City/ State	and Zip Code)		
TSchrader@Earthlink.net				
E-mail address:	(to be used for future a	nnual report notifica	tion)	
For further information concerning this ma	tter, please call:			
THOMAS A. SCHRADER		352 at	588-2501	
(Name of Cont	act Person)	(Area Cod	e) (Daytime Telephone Number)	
Enclosed is a check for the following amou	nt made payable to the	Florida Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate		Copy Ce al copy is Ce) (Ac	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is closed)	
Mailing Address		Street Addres	<u>s</u>	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GARDEN OF MEMORIES, INC.

(Name of Corporation as currently filed with the	<u>e Florida</u>	a Dept. of State)			
768718					
(Docum	nent Nun	nber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Stat	utes, this Florida Not For Profit Corporat	tion adopts	the follo	owing
A. If amending name, enter the new name of the GARDEN OF MEMORIES OF SAN ANTONIO,		ration:		Th.	new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam		ration" or "incorporated" or the abbrevia	tion "Corp.		
B. Enter new principal office address, if applica	ıble:	N/A			
(Principal office address MUST BE A STREET A		S) _{N/A}			
		N/A		رت زم	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	San Antonio Lumber Company, Inc.	1, 1	24 3.3	क्या द
<u></u>		Post Office Box 817		122	il and
		San Antonio, Florida 33576			# 6
D. If amending the registered agent and/or reginew registered agent and/or the new register			of the		
Name of New Registered Agent:	N/A				
	N/A				<u> </u>
New Registered Office Address:		(Florida street address)			
	N/A	FI	lorida		
			(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registero at. [am]	ed Agent: familiar with and accept the obligations of	f the positio	n.	
_		Signature of New Registered Agent, if cha	nging		

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 X Remove X Add	V	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) N/A Change			
N/A Remove			
2) N/A Change N/A Add			
N/A Remove Change N/A Add N/A Remove			
4) N/A Change			
N/A Remove			
5) N/A Change			
N/A Remove			
6) N/A Change			
N/A Remove			
E. If amending or addin (attach additional shee	g addition ts, if neces	nal Articles, enter change(s) here: (sary). (Be specific)	
N/A			
LVIX			
	_ - ·		
			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

⊐	There are no men adopted by the bo	obers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	Dated	JANUARY 12, 2024
	Signature	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		THOMAS A. SCHRADER
		(Typed or printed name of person signing)
		DIRECTOR / PRESIDENT

(Title of person signing)