J56001

(Re	equestor's Name)
(Ãc	ldress)	
(Ac	ldress)	- · · ₋ ·
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



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OCT 1/32017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 858258 98373A

AUTHORIZATION : (1)

COST LIMIT : \$\frac{1}{2}5.00

ORDER DATE: October 12, 2017

ORDER TIME : 12:55 PM

ORDER NO. : 858258-005

CUSTOMER NO: 98373A

DOMESTIC AMENDMENT FILING

NAME: BROAWRD PET CEMETARY, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BROWARD PET CEMETER	Y, INC.			
DOCUMENT NUMBER: J56001				
The enclosed Articles of Amendment and fee are submitted for	filing.			
Please return all correspondence concerning this matter to the form	ollowing:			
JOHN P. SEILER, ESQ.				
Name o	f Contact Person			
SEILER, SAUTTER, ZADEN, RIMES & WAHLBRINK				
- · · · · · · · · · · · · · · · · · · ·				
Firm/ Company 2850 NORTH ANDREWS AVENUE				
Address				
FORT LAUDERDALE, FL 33311				
City/ Sta	ate and Zip Code			
jseiler@sszrław.com				
E-mail address: (to be used for future	re annual report notification)			
E-man address. (to be used for ruth	e amuai report normeation)			
For further information concerning this matter, please call:				
JOHN P. SEILER, ESQ.	at (954) 568-7000			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to t	he Florida Department of State:			
Certificate of Status Certific	Filing Fee & S52.50 Filing Fee ed Copy Certificate of Status onal copy is Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

FILED

Articles of Amendment to Articles of Incorporation

17 OCT 12 AM 8: 13

THE TO PAY INSIDE KONEDA THE KANALUAN

Articles of Incorporation of BROWARD PET CEMETERY, INC.

Corporation (if known)
Florida Profit Corporation adopts the following amendment(s) to
The new
"," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
NA
NA
ess in Florida, enter the name of the
et address)
DI 11
, Florida City) (Zip Code)

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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Sr	nith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_	NA	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Channa				
6) Change	·	_		
Add				
Remove				

E. If amending or adding additional Article (Attach additional sheets, if necessary).	s, enter change(s) here: Be specific)		
NA			
		· 	
			-
		<u> </u>	
			-
F. If an amendment provides for an exchan	ge, reclassification, or cancellat	ion of issued shares.	
provisions for implementing the amend	ment if not contained in the ame	endment itself:	
(if not applicable, indicate N/A)			
N'A			
			
	<u> </u>		
			*

	October 12, 2017	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	ctober 12, 2017	
Effective date if applicable:		
-	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	pproved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(vating group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
October Dated	12, 2017	
Signature	! that tothe	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other countinted fiduciary by that fiduciary)	:
	C. Christian Sautter	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: BROWARD PET	CEMETERY, INC.			
DOCUMENT NUMBI	ER:				
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
J	OHN P. SEILER, ESQ.				
_		Name of Contact Person	1		
S	SEILER, SAUTTER, ZADE	N. RIMES & WAHLBRIN	К		
_		Firm/ Company			
2850 NORTH ANDREWS AVENUE					
_	Address				
F	FORT LAUDERDALE, FL 33311				
_		City/ State and Zip Cod	2		
icuitare	gsszrlaw.com				
13611616	•	sed for future annual report	potification)		
	E-man address. (to the da	sed for fatare affilial report	nonnearion,		
For further information	concerning this matter, pleas	se call:			
JOHN P. SEILER, ESQ).	954	568-7000		
Name of Contact Person		Area Co) 568-7000 de & Daytime Telephone Number		
Enclosed is a check for t	the following amount made p	payable to the Florida Depa	ortment of State:		
\$35 Filing Fee	□\$43.75 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)		
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassec, FL 32301