

LD5000037598

05/30/2014 15:20 FAX 9417452093

BLALOCK WALTERS

001/004

5/30/2014

Division of Corporations

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: epennington@blalockwalters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REMEMBRANCE SERVICES OF FLORIDA, LLC

RECEIVED
14 MAY 30 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
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FILED
2014 MAY 30 PM 12:17
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TALLAHASSEE, FLORIDA

JUN 02 2014

S. YOUNG

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 MAY 30 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Remembrance Services of Florida, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 14, 2005 and assigned Florida document number L05000037598

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Uselton, Michael R.	1830 Amberwynd Cir. West Palmetto, FL 34221	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Uselton, Michael R.	1830 Amberwynd Cir. West Palmetto, FL 34221	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brammer, Jay A.	c/o Gibraltar Remembrance Services, LLC 10291 N. Meridian St. Ste. 200 Indianapolis, IN 46290	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brammer, Timothy F.	c/o Gibraltar Remembrance Services, LLC 10291 N. Meridian St. Ste. 200 Indianapolis, IN 46290	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Seaman, Aaron S.	c/o Gibraltar Remembrance Services, LLC 10291 N. Meridian St. Ste. 200 Indianapolis, IN 46290	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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TAMM HALL
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 30, 2014

Michael Uselton

Signature of a member or authorized representative of a member

Michael Uselton, Manager

Typed or printed name of signer

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Filing Fee: \$25.00

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