

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP .WAIT MAIL				
(Business Entity Name)				
(Dusiliess Chury Maille)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

JUL 15 2008

EXAMINER



400132315314

07/14/08--01015--009 **30.00

08 JUL 14 PH 2: 57

COVER LETTER

Division of Corp	porations		
SUBJECT: INTERN	IATIONAL PRIDE T	IME, L.L.C.	8
•		ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	SAMUEL BLAIR		
		(Name of Person)	
	INTERNATIONAL PRIDE	E TIME, L.L.C.	
		(Firm/Company)	
	P.O. BOX 970981		
		(Address)	
	BOCA RATON, FL 3349		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	all:	
SAMUEL BLAIR		at (561) 451-1922	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

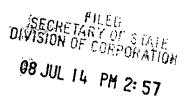
TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/28/2006	_ and assigned
Florida document number L06000096483		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SKY HIGH MEMORIALS, L.L.C.		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	P.O. BOX 970981	
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33497	

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

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:

registered agent and/or the new registered office address here:

INTERNATIONAL PRIDE TIME, L.L.C.

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action _ Add Remove ☐ Add Remove Remove Add Remove **□** Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JULY 7 2008 Signature of a member or authorized representative of a member

Typed or printed name of signee

SAMUEL BLAIR