L07000027462

(Re	equestor's Name)	· · · · .
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PICK-UP	MAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, FLORID.



J. BRYAN

JAN -4

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC	CT:	WILLIAMS FU	NERAL HOME, LLC		
		Name of Limit	ed Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		WEN	DELL T. WILLIAMS, SR.		-
			Name of Person		4. 2
	,	WILLIA	MS FUNERAL HOME, LL	.C	門員可
			Firm/Company		報うこ
		706	SOUTH 5TH STREET		FILEU 2012 DEC -3 PH 3: 25 TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA
			Address		FELT
BARTOW,			TOW, FLORIDA 33830		25 RIDA
			City/State and Zip Code		- ,
		E-mail address: (t	Imalik1@verizon.net o be used for future annual report not	ification)	
For furth	ner information of	concerning this matter, please c	all:		
	WENDEL	L T. WILLIAMS, SR.	at (_863)	533-0366	
	Name o	of Person	Area Code & Dayti	me Telephone Numbe	er
Enclose	d is a check for t	he following amount:			
\$25. 0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	iling Fee, ate of Status & ed Copy anal copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2012

WENDELL T. WILLIAMS, SR. WILLIAMS FUNERAL HOME, LLC 706 SOUTH 5TH STREET BARTOW, FL 33830

SUBJECT: WILLIAMS FUNERAL HOME, LLC

Ref. Number: L07000027462



We have received your document for WILLIAMS FUNERAL HOME, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$516.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 012A00028729

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILL	IAMS FUNERAL HOME	, LLC	到って	
(Name of the Limited	Liability Company as it now app A Florida Limited Liability Compan	ears on our records.)	35 M	
	•	•	一 行名 子 し	
The Articles of Organization for this Limited L	iability Company were filed on _	MARCH 13, 2007	and assigned	
Florida document number L0700002	7462		Salar S	
This amendment is submitted to amend the fol-	lavdna		,	
This amendment is subtricted to amend the lor	lowing.	·	\	
A. If amending name, enter the new name o	of the limited liability company l	<u>nere</u> :		
	FUNERAL HOME IN BART	_ '		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Cor	npany," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
			,	
,	· <u></u>		<u> </u>	
Enton non mailing adding it will be	•			
Enter new mailing address, if applicable:		<u></u>	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE	<u></u>			
•				
B. If amending the registered agent and		n our records, <u>enter</u>	the name of the new	
registered agent and/or the new registered o	nice address nere:	•		
Name of New Registered Agent:	MARVIN ANTHONY			
hame of New Registered Agein.				
New Registered Office Address:	1632 CRYSTAL PARK CIRCLE			
		Enter Florida street add	dress	
;	LAKELAND	, Florida	33801	
	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 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 Changing Registered Agent, Signature of New Registered Agent

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:

	<u>Name</u> ,		Address	Type of Action
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	o any other information, enter	changels	s) here: (Attach additional sheets, if necessary.)	
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	EPTEMBER 28TH	201:	2	
	EPTEMBER 28TH	201:	2	
	Can H	7	2 r authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00