

LD7000054722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

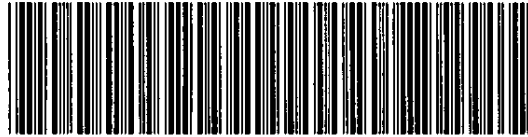
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

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SECRETARY OF STATE
TOLSON

SMITH LAW FIRM, LLC
ATTORNEYS AND COUNSELORS AT LAW

B. LARRY SMITH, P.A.
"SNUFFY"

B. SHANNON SMITH, P.A.
"SHANNON"

322 EAST PARK AVENUE
CHIEFLAND, FLORIDA 32626

OFFICE (352) 490-5353
FACSIMILE (352) 490-5337

July 17, 2015

Florida Department of State
Division of Corporations
POB 6327
Tallahassee FL 32314


RE: Knauff Funeral Homes, LLC
Amended Articles of Organization
L07000054732

To Whom It May Concern:

Find enclosed the Cover Letter and Articles of Amendment to Articles of Organization of Knauff Funeral Homes, LLC and our firm check number 5618 in the amount of \$30.00. Please record the enclosed and provide a certified copy of the Articles of Amendment to our office in the enclosed envelope.

If there are any questions or needs, please advise.

Sincerely,


B. LARRY SMITH
BLS/cms
enc

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CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Knauff Funeral Homes, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juanita B. Knauff

Name of Person

Knauff Funeral Homes, LLC

Firm/Company

917 NE 10th Cir

Address

Williston, FL 32696

City/State and Zip Code

n/a

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juanita B. Knauff

352

528-3481

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
G. Manag	Jason P. Evans	512 E. Noble Ave	<input type="checkbox"/> Add
		Williston, FL 32696	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Juanita B. Knauff

Typed or printed name of signee

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