L08000093390

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)	·	
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

DEC - 4 2008

EXAMINER

COVER LETTER

SUBJECT: Nacional Memorial Funeral Chapel, 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:	
Natalie Villegas (Name of Person)	
Francisco J. Villegas CPA, P.A. (Firm/Company)	
100 Almeria Avenue # 200 (Address)	
Coral Gables, FL - 33134 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Natalie Villegas at 305, 441-2105 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \seteq \seteq \text{\$\subseteq \seteq	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 DEC -3 PM 4: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 24, 2008

FRANCISCO J VILLEGAS, CPA 100 ALMERIA AVE # 200 CORAL GABLES, FL 33134

SUBJECT: NACIONAL MEMORIAL FUNERAL CHAPEL, L.L.C.

Ref. Number: L08000093390

We have received your document for NACIONAL MEMORIAL FUNERAL CHAPEL, L.L.C. and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

The total amount due is \$30.00.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00058254

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nacional Memorial tune		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L. 08000093390</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
n/a		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:	rila	SECTION SECTIO
(Principal office address MUST BE A STREET ADDRESS)	•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	OF STATE REPORATIONS PH 2: 08
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:	ka Fleites	
New Registered Office Address: 4529	Hollywood Blvd	•
11_11.	(Enter Florida street add	_
MIDIA	NOO Cl, Florida 33	
New Registered Agent's Signature, if changing Registered Agent:	(Cuy)	(Zip Code)

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)

	ng the Managers or Managing Members ing Member being added or removed fro	s on our records, <u>enter the title, name, and a</u> om our records:	ddress of each Manager
MGR = M MGRM =	· Ianager · Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
46 <u>rm</u>	Maria G. Alvarez	REMOVE!	Add Remove
			Add Remove
			= -
			Add Remove
			Add Remove
			Add Remove
	ending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	SECRETARY OF STAFE SECRETARY OF STAFE ON VISION OF CORPORATIONS 08 DEC -3 PM 2: 08
Dated D	Signature of a member of a Floring	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00