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(Requestor's Name) (Address) 300136915523 10/21/08--01006--004 **25.00 (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status Special Instructions to Filing Officer: L. SELLERS OCT 2 2 2008

Office Use Only

EXAMINER

FILED

08 001 21 AM 8: 29

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF



	st Coast Cakets and ur				
(Name of the Limited Li (A Fl	ability Company as it no orida Limited Liability Co	ow appears on our records.) ompany)		_	
The Articles of Organization for this Limited Liab	ility Company were file	d on 13 October 2008	an	d assig	med
Florida document number L08000096319	<u> </u>				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	e limited liability com	pany here:			
EAST COAST CASKETS	AND URNS, LLC	(eastcoastcu@gmail.com)			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liabili	ity Company," the designation "I	LLC" or	the ab	breviation
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET	<u>4DDRESS)</u>				
		•			
Enter new mailing address, if applicable:	<u></u>				.
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
					
B. If amending the registered agent and/or		ress on our records, enter t	the nar	ne of	the new
registered agent and/or the new registered offic	e address nere:			80	
				CT	Ţ
Name of New Registered Agent:			733- On-	2	K.Micatops
New Registered Office Address:			Й <u>-</u> К		
		(Enter Florida street ad	dress)	8:	J
		, Florida		: 2:	
•	(City)	, - 101144	> (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 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>le</u>	<u>Name</u>	Address	<u>Ty</u>	pe of Action
				Add Remove
				Add Remove
If amer	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	v.) 	
_			TALLA	08 OCT
_	18 Det 2008.	•	MASSIE FLO	21 AM
ted) 1	35	7.5
ted	Signature of a member	er or authorized representative of a member	ORIDA	D 8: 29 ₁

(Filing Fee: \$25.00)