

L09000043535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

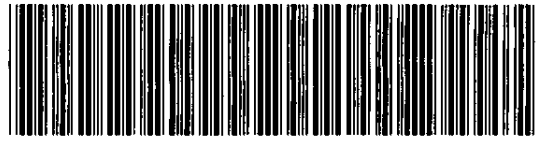
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
09 AUG -7 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 10 2009

EXAMINER

S. HAWKES

AUG 10 2009
EXAMINER

W



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2009

LORI HADLEY DAVIS
16505-16509 NW 27TH AVE
MIAMI, FL 33054

SUBJECT: HADLEY DAVIS FUNERAL HOME LLC
Ref. Number: L09000043535

We have received your document for HADLEY DAVIS FUNERAL HOME LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 009A00025797

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hadley Davis Funeral Home LLC

DOCUMENT NUMBER: L09000043535

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Hadley Davis
Name of Contact Person

Hadley Davis Funeral Home LLC
Firm/ Company

16505-16509 N.W 27th Avenue
Address

Miami Florida 33054
City/ State and Zip Code

Blessgod Lori@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Hadley Davis at (786) 277-3885
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

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

Street Address

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

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

HADLEY DAVIS FUNERAL HOME LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 2009

Florida document number L09000043535

FILED
09 AUG 17 PH 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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:

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:

MGR = Manager
MGRM = Managing Member

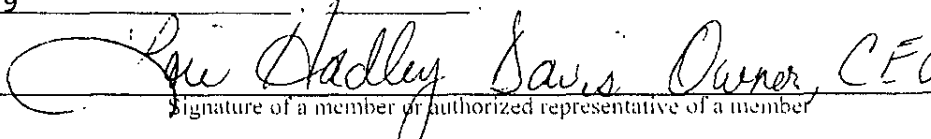
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09 AUG -7 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
PRESIDENT	CLAUDEL DAVIS	12703 S.W 53rd ct MIRAMAR, FLORIDA 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
V PRESIDENT	ROSALIND HADLEY	13172 S.W 45th Drive MIRAMAR, FLORIDA 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ALL SHARES OF HADLEY DAVIS FUNERAL HOME LLC IS
OWNED BY LORI HADLEY DAVIS CEO 100% THE CORPORATION

Dated 7/31/09


Signature of a member or authorized representative of a member
LORI HADLEY DAVIS OWNER, CEO
Typed or printed name of signee