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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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COVER LETTER

Division e	of Corporations	;
Floyo	ls Funeral Home LLC	, R -
SOBJECT.	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Asbury Floyd	
	Name of Person	
	Floyds Funeral Home LLC	
	Firm/Company	
	858 Wst Minneola Ave	
	Address	
	Clermont, FL 34711	
	City/State and Zip Code mikemikel1892@yahoo.com	,
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
Asbury Floyd	352 394-7311 at () Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a checl	c for the following amount:	
□ \$25.00 Filing F	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &

MAILING ADDRESS:

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Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Floyds Funeral Home LLC				
(Name of the Limit	ted Liability Company (A Florida Limited Liab	as it now appears on our ulity Company)	records.)	
he Articles of Organization for this Limited L		ere filed on 07/21/2009)	and assigned
lorida document number L09000069832	·			
nis amendment is submitted to amend the following	owing:			
If amending name, enter the new name o	f the limited liabilit	y company here:		
e new name must be distinguishable and contain the w	vords "Limited Liability	Company," the designatio	n "LLC" or the	abbreviation "L.L.C."
iter new principal offices address, if applic				S
rincipal office address MUST BE A STREE	T ADDRESS)			F - F
	_			<u> </u>
ter new mailing address, if applicable:	_		-	ST ₩
ailing address MAY BE A POST OFFICE	<u>BOX)</u>			9
	 -			
If amending the registered agent and/gistered agent and/or the new registered of	or registered office fice address here:	e address on our re	ecords, <u>ente</u>	r the name of the
Name of New Registered Agent:	Michael	A Flayd II	,	
New Registered Office Address:	858 W. M	Enter Florida street	address	
	Clermont		_, 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 605, 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 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>	Type of Action
AMBR	Michael Floyd	858 West Minneola Ave Clermont, FL 34711	
	<u> </u>	Comon, LE 34711	■ Add
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ffective date, if other than the can effective date is listed, the date must block the date inserted in this block ocument's effective date on the Department.	be specific and cannot be prior to ck does not meet the applical	date of filing or more than 9 de statutory filing require	(optional) 0 days after filing.) Pursuant to 605. ments, this date will not be liste
e record specifies a delayed The 90th day after the reco	effective date, but not rd is filed.	an effective time, at	12:01 a.m. on the earlie
ated August 28	, 2019		
ated		_ •	
G Shrry Fl	ignature of a member or authori	zed representative of a memi)er

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Filing Fee: \$25.00