

L09000070575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

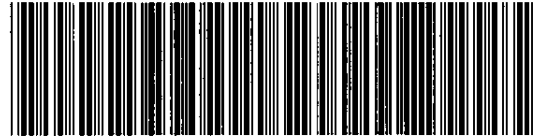
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES
CHANDLER, LANG, HASWELL & COLE, P.A.
POST OFFICE BOX 23879
GAINESVILLE, FLORIDA 32602-3879

JOHN H. HASWELL
C. WHARTON COLE *

*ADMITTED IN FL AND TX

TELEPHONE 352/376-5226
FAX 352/372-8858
726 N.E. FIRST STREET
GAINESVILLE, FL 32601-5367

JAMES F. LANG - RETIRED
WILLIAM H. CHANDLER
1920 - 1992

July 6, 2010

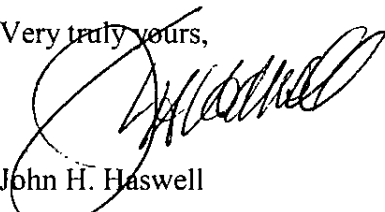
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization of
A Cremation-Affordable Alternative, LLC
Florida document number: L09000070575

Dear Sir or Madam:

I am enclosing herewith the original Articles of Amendment to the Articles of Organization of A Cremation-Affordable Alternative, LLC, together with my firm's check in the amount of \$25.00 for the filing fee.

Very truly yours,


John H. Haswell

JHH/bh
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Cremation-Affordable Alternative, 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:

John H. Haswell

Name of Person

Chandler, Lang, Haswell & Cole, P.A.

Firm/Company

P.O. Box 23879

Address

Gainesville, FL 32602

City/State and Zip Code

clhpalaw@aol.com

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

For further information concerning this matter, please call:

John H. Haswell

Name of Person

at (352)

376-5226

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

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

FILED
10 JUL -7 AM 10: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A Cremation-Affordable Alternative, 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 July 22, 2009 and assigned
Florida document number L09000070575.

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:

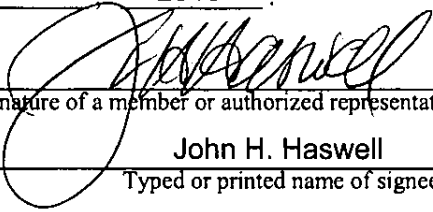
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas P. Greenan	8113 SW 13th Road Gainesville, FL 32607	☒ Add ☐ Remove
MGRM	David M. Cruise, Sr.	14606 NW 154th Terrace Alachua, FL 32615	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated July 6th 2010


Signature of a member or authorized representative of a member

John H. Haswell
Typed or printed name of signee