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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Fax Number

: (305)599-0839 : (305)592-9591

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Cmail	Address:			
	WOTH GOO!			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA CREMATION & AUTOPSY, LLC

Certificate of Status 0 Certified Copy 0 02 Page Count Estimated Charge \$25.00

C. LEWIS

MAR 1 9 2010

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 MAR 18 AM 8: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Florida Cremation	1 & Autopsy,	LLC	
(Name of the Limited Liabil)ty Compa (A Florida Limited)	triy as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	02/04/2010 and assigned	
Florida document number L10000013191			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited linb	ollity company he	e:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp.	uny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	12830 NW 4	2nd Ave	
(Principal office address MUST BE A STREET ADDRESS)	Opalocka Ft 33054		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	En	er 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 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

Title	Name	Address	Type of Action
MGRM	USA Combustion Services, LLC	8325 NW 115 Ct Doral El 33178	Add Remove
			Add Remove
			Add Remove
			☐ Add ☐ Removo
······································			Add Remove
			Add Remove
D. If amending	any other information, enter change(s)	here: (Assach additional sheets, y necessary.)	-
	,		2010 HAR II
Dated	March 17, 2010		· See 至 四
	Service of a mamber of	authorized representative of a member	FLORIDE FLORIDE
	Jorge A Montero/US	A Combustion Services, LLC	-

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Filing Fec: \$25.00