## L10000013191

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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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JUN 2 8 2010 EXAMINER

## COVER LETTER ..

TO:	Registration Section Division of Corpor		$\Sigma_{\mathfrak{q}}$	÷	
SUBJ	ECT:	Florida Crema	ation & Autopsy, LLC		
~~~			ited Liability Company	<del></del>	
The e	nclosed Articles of Am	endment and fee(s) are sul	omitted for filing.		
Please	e return all corresponde	ence concerning this matter	to the following:		
			Name of Person		
	_	>			
			Firm/Company		
			8325 NW 115 Ct		
			Address		
			Doral Fl 33178		
			City/State and Zip Code		
		E-mail address: (	onsulting@bellsouth.net to be used for future annual report not	tification)	
For fu	rther information conc	erning this matter, please c	all:		
		Montero	at (_305 )	7732695	<b></b>
	Name of Pe	rson	Area Code & Dayti	me Telephone Number	
Enclo:	sed is a check for the fe	ollowing amount:		·	
<b>▼ \$</b> 2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified (	of Status &

**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

2010 JUN 25 AM 11:38

Florida Cremation (Name of the Limited Liability Compa) (A Florida Limited L	& Autopsy, LL ny as it now appears Liability Company)	.C SECRE on our records.)AF	TARY OF STATE
The Articles of Organization for this Limited Liability Company	were filed on	02/04/10	and assigned
Florida document numberL10000013191			
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the limited liab	ility company here:		
Florida Cremations	s Services, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company	," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	8325 NW 115 (	Ct .	
(Mailing address MAY BE A POST OFFICE BOX)	Doral FI 33178		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		r records, <u>enter t</u>	the name of the new
Name Designation of Office Address.			•
New Registered Office Address:	Enter	Florida street add	ress
		, Florida	
	City	, 4 101 144	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

	<u>Name</u>	Address	Type of Action
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<del></del>			Add Remove
	<del></del>		Add Remove
<del></del> -			AddRemove
			Add
if amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	
If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	ary.)
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Filing Fee: \$25.00