

**L100002045123191**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H10000204512 3)))



H100002045123191

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA CREMATIONS SERVICES, LLC**

Certificate of Status	0
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**C. LEWIS**

**SEP 17 2010**

**EXAMINER**

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September 16, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FLORIDA CREMATIONS SERVICES, LLC  
8325 NW 115 CT.  
DORAL, FL 33178

SUBJECT: FLORIDA CREMATIONS SERVICES, LLC  
REF: L10000013191

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please fill out the limited liability amendment form. You filled out the corporation amendment form.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H10000204512  
Letter Number: 710A00022026

RECEIVED  
10 SEP 16 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2010 SEP 16 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA CREMATIONS SERVICES, 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 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 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: JORGE A. MONTERO

New Registered Office Address: 8325 NW 115 CT

*Enter Florida street address*

DORAL

Florida

33178

*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.*

*[Signature]*  
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

Title	Name	Address	Type of Action
MGR	CARLOS DE DIOS	12830 NW 42 AVE OPALOCKA FL 33054	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 09/16/10



Signature of a member or authorized representative of a member

Jorge A. Montoro / USA Combustion Services, LLC  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA