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OCT 28 2010

EXAMINER



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SECRETARY OF STATE
FALLAHASSEE, FI ORID

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CCT:	Union Park f	Funeral Home, LLC	
			ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			Fimothy M. Tompkins	
			Name of Person	
		Union	Park Funeral Home, LLC	
***************************************			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		10	2022 E. Colonial Drive	
			0033 E. Colonial Drive	
			Orlando, FL 32817	
			City/State and Zip Code	
E-mail address: /			MT21596@aol.com to be used for future annual report notific	ation
r c	al :		·	
ror iur	ther information cor	ncerning this matter, please o	aii:	
	Timothy	M. Tompkins	at (407)	928-8926
Name of Person		Person	Area Code & Daytime	Telephone Number
Enclos	ed 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)
	MAILIN	G ADDRESS:	STREET/COURIE	CR ADDRESS:

TO:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Union Park Fund (Name of the Limited Liability Compa (A Florida Limited I	eral Home, LLC ny as it now appears on our records Liability Company))
The Articles of Organization for this Limited Liability Company Florida document numberL10000072564	were filed onJuly 9, 201	0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Woodlawn Services for	Funeral Homes, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	203 Rapscallion Court	A 6. -
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32828	0 0 C
Enter new mailing address, if applicable:	203 Rapscallion Court	TARY OF
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32828	D STATE CORRES
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		1 address
	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

<u>`itle</u> •	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
-			_
 Dated	Ocober 25 //,26	010	
	Signature of a member	er of authorized representative of a member	
		nothy M. Tompkins d or printed name of signee	

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Filing Fee: \$25.00