

L10 000096628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

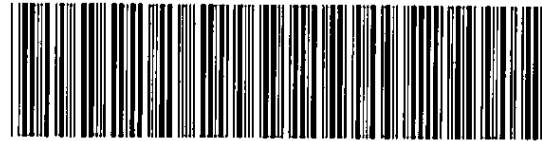
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*use account.*

*100\$*

Office Use Only



900330877289

19 AUG 26 PM 12:10

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Amend*

SEP 10 2019

D CUSHING



## Pinnacle Signature Group

August 22, 2019

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

Re: J. E. Cusack Mortuary LLC  
Florida Document Number: L10000096628

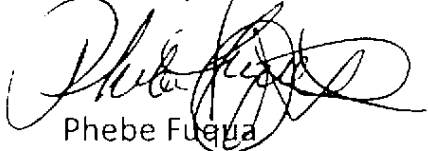
To Whom It May Concern:

Please find enclosed the Articles of Amendment to the Articles of Organization on behalf of J. E. Cusack Mortuary LLC.

We are requesting that the \$60.00 filing fee, certificate of status and certified copy be taken out of our Sunbiz Account Number: I20150000126. It is registered under Pinnacle Signature Group Inc., Mario Davis, 927 Beville Road, Suite 101, South Daytona, Florida 32119. I have also noted this on the attached cover letter and documents.

If you have any questions, please do not hesitate to contact the office.

Sincerely,



Phebe Fuqua  
Business Development Specialist

Enclosures

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 26 PM 12:10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J.E. CUSACK MORTUARY 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:

MARIO DAVIS

Name of Person

PINNACLE SIGNATURE GROUP, INC.

Firm/Company

927 BEVILLE ROAD SUITE 109

Address

SOUTH DAYTONA, FLORIDA 32119

City/State and Zip Code

MDAVIS@PINNACLESIGNATURE.COM

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

For further information concerning this matter, please call:

MARIO DAVIS

386 675-6595  
at ( )

Name of Person

Area Code

Daytime Telephone Number

RECEIVED

AUG 26 2019

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Please take payment of \$60.00 from  
our Sunbiz Acct. ID20150000126.  
Pinnacle Signature Group, Inc. Mario Davis

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

J.E. CUSACK MORTUARY 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 MARCH 30, 2019 and assigned  
Florida document number L10000096628.

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 contain 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:

BRENDA B. CUSACK

New Registered Office Address:

727 SOUTH STONE STREET

*Enter Florida street address*

DELAND

*City*

Florida 32720

*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRENDA B. CUSACK	727 SOUTH STONE STREET	<input type="checkbox"/> Add
		DELAND, FLORIDA 32720	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JAMES E. CUSACK	727 SOUTH STONE STREET	<input type="checkbox"/> Add
		DELAND, FLORIDA 32720	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	RODNEY ROCKER ESR	6738 CR 213	<input type="checkbox"/> Add
		WILDWOOD FLORIDA 34785	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_,

Signature of a member or authorized representative of a member

Typed or printed name of signee