# LI1000015941

(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:				

Office Use Only



400194056424

02/14/11--01033--021 \*\*25.00

11 FEB 14 PK 5: 18
SECHOLOGY DE STATE

B. BOSTICK
FEB 1 5 2011
EXAMINER

## **COVER LETTER**

TO: Registration So Division of Con					
SUBJECT: Eter	nity Funeral Home	and Cremations of	Nassau, LLC		
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are so	ubmitted for filing.			
Please return all correspo	ondence concerning this matte	er to the following:			
	Jan	elle H. Clark-Bishop, l	Esq.		
		Name of Person			
		Bishop & Bishop, P.L.			
		Firm/Company			
	6817 \$	Southpoint Pkwy., Suit	e 1004		
		Address			
		Jacksonville, FL 32210	6		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	ASS I	
	jo	bishop@bishoplaw.ne	et	LANG	eletaj.
			oort notineation)	S	
For further information c	concerning this matter, please	call:			ind.
Janel	le Clark-Bishop	at (_904_)	519-1000	FEB 14 PH 5: ARASSEE, FLOR	tin tin
Name o	f Person	Area Code &	Daytime Telephone Number	5: 18 TATE ORIDA	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified C	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

Eternity Funeral Home and Cremations of Nassau, 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 Liabilit	ty Company were filed on	02/07/2011	and assigned
Florida document numberL11000015941	<del></del>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:	:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable:		6	25
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		Te p M
		ı	5. 5.
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on ou address here:	<u>c</u>	⊇t⊔ ⇔
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
N B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City		Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:		
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	r and complete performance of d agent as provided for in Cha ered office address, I hereby c	my duties, and I at pter 608, F.S. Or, if on firm that the lim.	n familiar with and f this document is ited liability

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** <u>Name</u> Address Type of Action MGR R&D Enterprises, LLC 4856-A OAKDALE AVENUE ☐ Add ✓ Remove JACKSONVILLE FL 32207 R&D Gill Enterprises, LLC MGR 4856-A OAKDALE AVENUE ✓ Add JACKSONVILLE FL 32207 Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 9 2011 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00