## 1110000 15941

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(Address)
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## **COVER LETTER**

TO: Registration Se Division of Cor		,	
	FUNERAL HOME AND CR	EMATIONS OF NASSAU, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
ĺ	Jeanie Tebeau, Bookkeepe	r	
	• •	Name of Person	notification)
•	ETERNITY CREMATION	NS OF NASSAU, LLC	
		Firm/Company	<del></del>
	PO Box 10728		
		Address	
	Jacksonville, FL 32247		
	•	City/State and Zip Code	
	office.eth@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Jeanie Tebeau		904 612-6748	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres	<b>κ</b> -	Street Address	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



May 19, 2020

JEANIE TEBEAU PO BOX 10728 JACKSONVILLE, FL 32247

SUBJECT: ETERNITY FUNERAL HOME AND CREMATIONS OF NASSAU,

LLC

Ref. Number: L11000015941

We have received your document for ETERNITY FUNERAL HOME AND CREMATIONS OF NASSAU, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered agent is required by Ch. 605 Fla. Statute, please select a new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist | Supervisor

Letter Number: 320A00010136

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 2020 -2 Ail 8:13

OF

ETERNITY FUNERAL HOME A	ND CREMATIONS	OF NÁSSAU, LLC	The State of the S
(Name of the Limit	ted Liability Compan (A Florida Limited Li	y as it now appea. The our recombility Company)	rds.)
The Articles of Organization for this Limited L Florida document number L11,000015941	iability Company v	vere filed on 2/7/2011	and assigned
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name o	f the limited liabil	ty company here:	
ETERNITY CREMATIONS OF NASSAU, LLC			
The new name must be distinguishable and contain the w	vords "Limited Liabilit	y Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address		dress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	Man (Man)	Rex	D. G. 11
New Registered Office Address:	4856 O	akdale HV Enter Florida street addre	<u>C</u>
	Jacks		lorida 32207
Now Dogistared Agent's Signature of shareing D	taálatanad taanta	•	•

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>Namë</u> .	Address	Type of Action
MGR	Donna E. Gill	PO Box 10728	
-		Jacksonville, FL 32247	X Remove
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			□A′dd
			□Rėmove
			□Change
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effective date is te: If the date	inserted in this block	specific and cannot be pri	or to date of filing or more t icable statutory filing re- ls.	(option than 90 days after quirements, this	filing.) Pursuant to 605.02
cord specifies as filed.	ı delayed effective da	e, but not an effective	time, at 12:01 a.m.,on t	he earlier of: (b	) The 90th day after the
ed April 29		2020	D. Jel		
	Sign	nature of a member or au	horized representative of a	inember	