## L110000 15991

(Requestor's Name)
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R. WHATE
JUN 3 C 2023

## **COVER LETTER**

TO: · Registration Section

**Division of Corporations** 

<sup>2</sup>.O. Box 6327

'allahassee, FL 32314

R&D GILL SUBJECT:			
	Name of Lim	ited Liability Company	
'he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Jeanie Tebeau		
		Name of Person	<del></del>
	Eternity Funeral Home and	Crematory of Jacksonville LLC	
	<del></del>	Name of Limited Liability Company  Int and fee(s) are submitted for filing. Incerning this matter to the following:  Tebeau  Name of Person  ty Funeral Home and Crematory of Jacksonville LLC  Firm/Company  Interpretation  Firm/Company  Interpretation  Address  Interpretation  E-mail address: (to be used for future annual report notification)  This matter, please call:  Interpretation  Interpretation  Area Code  Daytime Telephone Number  Interpretation  Setteet Address:  Registration Section  Street Address:  Registration Section	
	Name of Limited Liability Company  sound Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:    Jeanie Tebeau		
		Address	Section
	Jacksonville, FL 32247		
		City/State and Zip Code	<del></del>
			Z. control
under and the comment of the comment	·	·	neation)
	oncerning this matter, please ca		
· Tebeau			<del></del>
Name o	f Person	Area Code Daytim	e Telephone Number
ed is a check for the	he following amount:		
0.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy
			ction
Division of C		_	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



May 19, 2020

JEANIE TEBEAU PO BOX 10728 JACKSONVILLE, FL 32247

SUBJECT: R&D GILL ENTERPRISES, LLC

Ref. Number: L11000015991

We have received your document for R&D GILL ENTERPRISES, 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 required by Ch 605 Fla. Statutes. 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.

Letter Number: 920A00010136

Rebekah White Regulatory Specialist II Supervisor

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

26 / 9:32

R&D GILL ENTERPRISES, LLC	
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited I Florida document number L11000015991	Liability Company were filed on 2/7/2011 and assigned
This amendment is submitted to amend the fol	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:
Principal office address MUST BE A STRE	ET ADDRESS)
ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE  f amending the registered agent and/or and/or the new registered office address	registered office address on our records, enter the name of the new registe
Name of New Registered Agent:	Mex D. G:11
New Registered Office Address:	4856 Dakaale Ave Enter Florida street address
	Jackson ville Florida FL 32201  City Zip Code

gistered Agent's Signature, if changing Registered Agent:

y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is led to merely reflect a change in the registered office address, I hereby confirm that the limited liability y 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>	Name	Address	Type of Action
MGR	Donna E. Gill	PO Box 10728	□Add
		Jacksonville, FL 32247	Remove
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ective date, if	ther than the date of fil	ling:		(optional)	
e: If the date in	ted, the date must be specific erted in this block does no	ot meet the applicabl	ate of hing or more man 90 e státutory filing réquiren	days aner illing.) Purs nents, this date will i	uant to 605.020 not be listed a
ument's effective	date on the Department of	of State's records.	·		
ord specifies a filed.	elayed effective date, but i	not an effective time	at 12:01 a.m. on the ear	ner of: (b) The 90th	n day after the
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April 29		2020	SP.1		
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		/ · \	<b>√</b>		
	Signature	f a member or nuthores	ed representative of a memb	er	