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(Business Entity Name)				
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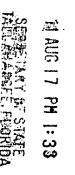
EXAMINER

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		COVER LETTER	
T Ø :	Registration S Division of Co		
SUBJ	ЕСТ:	HO//Y HI// Funeral Home LCC Mame of Limited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please	return all correspondent	ondence concerning this matter to the following:	
		Felicia Boesch Name of Person	
		Holly Hill Funeral Home LLC	
		2775 Carrison Ave	
		Port St Jue F1 32457 City/State and Zip Code felicia. basch e ancil. Com E-mail address: (to be used for future annual report notification)	
For fu	rther information o	E-mail address: (to be used for future annual report notification) concerning this matter, please call:	
	Pelicia Name o		
ሳ ል	sed is a check for t	he following amount: \$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	z.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	Tuveral Home CC	<u></u>
(A Florida Limited Li	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LII 6000 225</u> 97	were filed on <u>22 Fe 6 2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
WA		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation '	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)	<u>, </u>	
		
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		end.
	•	
Name of New Registered Agent:	IA	
New Registered Office Address:		
	Enter Florida street aa	dress =
	, Florida	SEC 3
	City	Zip Code
New Registered Agent's Signature if changing Registered Agent.		

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 MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Mike Dankin 2775 Carrison Avenue Add Remove

Jerome Richard Hall 2775 Carrison Ave X Add Remove 2775 Carrison Aye X Add PORT ST JOE F1 32457 Remove □ Add _ Remove ∏Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00