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MCCARTHY SUMMERS

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# L11000057984

Florida Department of State  
Division of Corporations  
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Account Number : I19990000170  
Phone : (772) 286-1700  
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Email Address: klm@McCarthySummers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEAWINDS FUNERAL HOME II, LLC

Certificate of Status	0
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11 SEP -2 PM 2:26

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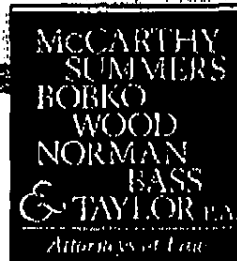
SEP -8 2011

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP -2 AM 8:06

FILED

*Integrity. Dedication. Solutions.*

September 2, 2011

H11000217912

Florida Department of State  
Division of Corporations  
The Capitol  
P.O. Box 6327  
Tallahassee, Florida 32399-0250

RE: Articles of Amendment to Articles of Organization  
of Seawinds Funeral Home II, LLC

Ladies and Gentlemen:

With reference to the above company, enclosed please find Articles of  
Organization for filing. Kindly fax to the undersigned proof of filing same.  
Thank you.

Very truly yours,

Karen L. McShee, CP, FRP  
Certified Paralegal  
Email: klm@McCarthySummers.com  
/klm  
Enclosure

Terence P. McCarthy \*  
Robert P. Summers \*  
Noel A. Bobko  
Steven J. Wood \*\*  
Kenneth A. Norman  
Kathryn C. Bass  
Patricia I. Taylor

Rose D. Schneider  
Rene S. Josco  
Owen Schultz  
Christine Bialczak  
Michael J. McNicholas \*\*\*

\*Board Certified  
Real Estate Lawyer

\*\*Board Certified Wills,  
Trusts & Estates Lawyer

\*\*\*Certified Circuit  
Civil Mediator

H11000217912

H11000217912

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
SEAWINDS FUNERAL HOME II, LLC,  
A Florida Limited Liability Company

FILED  
11 SEP -2 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on  
May 16, 2011 and assigned Florida document Number L11000057984.

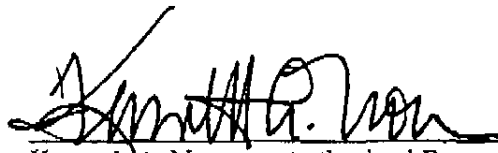
This Amendment is submitted to amend the following:

ARTICLE I - Name:

The name of the Limited Liability Company is:

TREASURE COAST SEAWINDS FUNERAL HOME AND CREMATORY, LLC

Dated: Sept. 2, 2011.

  
Kenneth A. Norman, Authorized Representative

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H11000217912

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED  
OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: TREASURE COAST SEAWINDS  
FUNERAL HOME AND CREMATORY, LLC

2. The name and address of the registered agent and office is:

Kenneth A. Norman  
(Name)

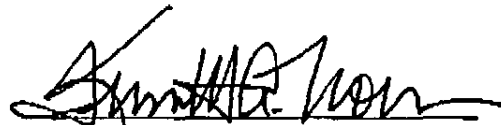
2400 SE Federal Highway, Fourth Floor  
(P.O. Box not acceptable)

Stuart, FL 34994  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, Kenneth A. Norman hereby accepts the appointment as registered agent and agrees to act in this capacity. Kenneth A. Norman further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and it is familiar with and accepts the obligations of its position as registered agent.*

Dated: Sept. 2, 2011.  
REGISTERED AGENT:

  
Kenneth A. Norman

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