

L120000107128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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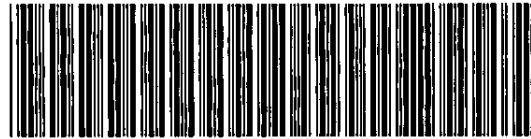
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT

NOV 16 2016



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HADLEY-BROWN & PAULK Funeral Home, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Hadley-Brown  
Name of Person

HADLEY-BROWN & PAULK Funeral Home  
Firm/Company

127 N.W. 20<sup>th</sup> STREET  
Address

Ocala, Florida 34475  
City/State and Zip Code

Jhadleyfh@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Hadley-Brown at (352) 286-5946  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HADLEY-BROWN & PAULK Funeral Home, 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 Liability Company were filed on August 20, 2012 and assigned  
Florida document number W12000107128

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HADLEY-BROWN FUNERAL HOME, LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

127 N.W. 20<sup>th</sup> STREET  
OCCALA, FLORIDA 34475

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

127 N.W. 20<sup>th</sup> STREET  
OCCALA, FLORIDA 34475

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAME AS ON FILE

New Registered Office Address:

SAME AS ON FILE

Enter Florida street address

SAME

City

Florida

SAME

Zip Code

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.

SAME AS FILED

If Changing Registered Agent, Signature of New Registered Agent

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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>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JULIA FURLAW PAWK		<input type="checkbox"/> Add
		127 N.W. 20 <sup>th</sup> STREET, Ocala, FLA 34475	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: November 09, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

November 09, 2016

Jessica Hadley-Brown

Signature of a member or authorized representative of a member

Jessica Hapley-Brown

Typed or printed name of signee