

L12000148873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

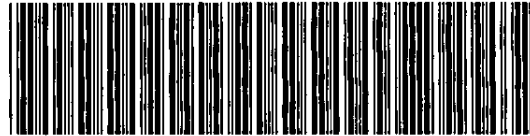
(Business Entity Name)

(Document Number)

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01/30/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2014

WILLIAM SAVINO
1420 N UNIVERSITY DR
CORAL SPRINGS, FL 33071

SUBJECT: CORAL SPRINGS FUNERAL HOME, LLC
Ref. Number: L12000148833

We have received your document for CORAL SPRINGS FUNERAL HOME, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00000458

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORAL SPRINGS 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:

WILLIAM J. SAVINO

Name of Person

CORAL SPRINGS FUNERAL HOME, LLC

Firm/Company

1420 N. UNIVERSITY DR

Address

CORAL SPRINGS, FL 33071

City/State and Zip Code

INFO@SAVINFUNERALHOME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM J. SAVINO

Name of Person

at (954) 255 8411

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Coral Springs 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 11/28/12 and assigned
Florida document number L12060148833

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

WILLIAM J. SAVINO

New Registered Office Address:

1420 N UNIVERSITY DR

Enter Florida street address

CORAL SPRINGS

City

Florida

33071

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 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.

William J. Savino
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SAVINO, WILLIAM	1420 N UNIVERSITY DR	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Remove
MGRM	SAVINO FUNERAL HOME, INC	2950 N SR 7	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
MGRM	WEISSMAN FUNERAL SERVICES CORP	2950 N SR 7	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

TALLAHASSEE, FL 32304
 16 JAN 1997
 9:55

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

12/20, 2013

William J. Savino

Signature of a member or authorized representative of a member

WILLIAM J. SAVINO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 20 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA