

L130000010154

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 APR 17 AM 8:32

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J. SAULSBERRY
EXAMINER
APR 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RW STEVENS FUNERAL SERVICES**

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:

RONALD E. WARNECKE

Name of Person

RW STEVENS FUNERAL SERVICES

Firm/Company

1100 BEAR ISLAND DR.

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

ronwarnecke@aol.com

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

For further information concerning this matter, please call:

Alterraon (AI) Phillips

Name of Person

at (**561**) **835-1727**

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

RECEIVED
SECRETARY OF STATE
FALL ANNUAL REPORT (2013)

2013 APR 17 AM 8:32

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

RW STEVENS FUNERAL SERVICES

(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 January 22, 2013 and assigned
Florida document number L13000010154.

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)

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2013 APR 17 AM 8:32
TALLAHASSEE, FL 32304

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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.

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	RODERICK W. STEVENS	126 EASTHAMPTON F	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33417	<input type="checkbox"/> Remove
MGRM	ALTERRAON PHILLIPS	17142 60TH LN N	<input checked="" type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

SECRETARY'S OFFICE
ALL INFORMATION CONTAINED
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DATE 11/19/04 BY 60322

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

Dated **APRIL 15, 2012**, _____.



Signature of a member or authorized representative of a member

ALTERRAON PHILLIPS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**