| | Florida Department of State Division of Corporations Electronic Filing Cover Sheet | |
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| | Note: Please print this page and use it as a cover sheet. Type the fax audit number below) on the top and bottom of all pages of the document. | r (shown |
| | (((H13000085767 3))) | |
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| 51 | FIOM: Account Name : LAZARUS CORPORATE FILING SERVICE, INC Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 | |
| RECEIVED | Optimizer the email address for this business entity to be used for for the annual report mailings. Enter only one email address please.* Optimizer State Email Address | uture P |
| 13 AP | ILC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL CITIES CREMATION LLC | |
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| A | •• | AMENDMENT | 13 |
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| | 0 | F | The IS |
| ALL CITTE | S CRE | MATION LL | SALA F |
| (<u>Name of the Lin</u> | (A Florida Limited I | nv as it now appears on our re- nability Company) | tords.) |
| The Articles of Oppeniestics for this I inte | A. T. 1-1-11-1-0 | un aluta ou loi l | 12 50 |
| The Articles of Organization for this Limit | | were filed on <u>v 110</u> | and assigned |
| Florida document number <u>[130000</u> | - 1071 | • | |
| | E New La | • | |
| This amendment is submitted to amend the | tollowing: | | |
| A. If amending name, enter the new par | ne of the limited liat | ility company here: | |
| | | | |
| The new name must be distinguishable and en "L.L.C." | d with the words "Lim | ited Liability Company," the des | ignation "LLC" or the abbreviat |
| Enter new principal offices address, if a | oplicable: | STI WID ITC | TST B |
| (Principal office address MUST BE A ST | - | North Miami B | And FI 33169 |
| | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| | | | |
| Enter new mailing address, if applicable | • | 371 NW 170 | mst R |
| (Mailing address MAY BE A POST OFF. | | North Miami B | ach F1 33169 |
| | | | |
| | | | |
| B. If amending the registered agent a | and/or registered of | ffice address on our record | s, enter the name of the n |
| registered agent and/or the new register | | | |
| | | | |
| Name of New Registered Agent: | <u></u> | | |
| New Registered Office Address; | 371 N | W170Th St B | |
| <u></u> | | Enter Florida | street address |
| | North N | liami Beach | Iorlda 331(09 |
| | 190 INTO | 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

Page 1 of 2

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|------------------|---|---|--------------------|
| If ame or Man | nding the Managers or Managing Members o asging Member being added or removed from | n our records, <u>enter the title, name, and addre</u> our records: | ss of each Manager |
| | = Manager A = Managing Member | | |
| Title | Name | Aduress | Type of Action |
| MGR | David Monnar | | Add |
| MGR | y Laura Sayon | 371 NW 170 ^m St B North Miami Brach El 33169 | Add Remove |
| | | | Add Remove |
| | | | Add Removes |
| | | | Add Remove |
| D. If a | Change Freilins Varga | s) here: (Allach additional sheets, if necessary.) B address to lorth Miami Beach Fl 331(| _ ଦ୍ୱ – |
| Dated | Evern Vorgas Typed or | r authorized representative of a member printed name of signee | |
| | | Page 2 of 2 | |

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