

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALL CITIES CREMATION LLC

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B. BOOTHICK

JAN 22 2014

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14 JAN 21 AM 7:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ALL CITIES CREMATION LLC

2014 JAN 21 PM 9:35

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALL Cities Cremation 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 04-01-13 and assigned Florida document number L13000047699.

This amendment is submitted to amend the following:

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

ALL CITIES CREMATION AND FUNERAL SERVICES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

New Registered Office Address:

Enter Florida street address

City _____ Florida _____ 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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Isabel Combe	371 NW 170 St B	<input checked="" type="checkbox"/> Add
		North Miami Beach Fl 33169	<input type="checkbox"/> Remove
MGR	Evelyn Vargas	371 NW 170 St B	<input type="checkbox"/> Add
		North Miami Beach Fl 33169	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> change
			<input type="checkbox"/> Add
			<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated January 20, 2014

Signature of a member or authorized representative of a member

Evelyn Vargas

Typed or printed name of signer

Page 3 of 3

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