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COVER LETTER

TO: Registration Section **Division of Corporations** Naugle Schnauss Funeral Home and Cremation Services, LLC SUBJECT: 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: Roy II Schnauss, III Name of Person Naugle Schnauss Funeral Home Firm/Company 808 Margaret St Address JACKSONVILLE, FL32204 City/State and Zip Code thschnauss@prodigy.net E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Roy Schnauss 6839288 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Naugle Schnauss Funeral Home and Cremation Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)

2021 OCT 22 PM 4: 55

he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L14000142325		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
chnauss North East Florida Funeral Home and Cremation Services.	LLC	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	Schnauss North East Florida Func	ral Home
Principal office address MUST BE A STREET ADDRESS)	808 Margaret St	
	Jacksonville, Florida 32204	
Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered office :	address on our records, enter the	name of the new regi
gent and/or the new registered office address here:	and ess on our records, <u>errer an</u>	mane or the new reg.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la.
		ra 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

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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	lock does not meet the applicat		optional) after filing.) Pursuant to 605,0207 (s, this date will not be listed as t
ecord specifies a delayed effecti is filed.	re date, but not an effective (in	se, at 12:01 a.m. on the earlier o	of; (b) The 90th day after the
ted Cotober 18	2021		
<u> </u>		ized representative of a member	
√ } !!			

Typed or printed name of signee