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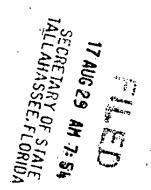
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COVER LETTER

	legistration Se Division of Cor				
SUBJECT: Heritage Family Funeral Care, LLC Name of Limited Liability Company					
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		John T. McQueen			
			Name of Person		
			Firm/Company		
		973 31st Terrace NE			
•			Address		
		St Petersburg, FL 33704			
			City/State and Zip Code	·····	
		john@ideamcqueen.com E-mail address: (to be used for future annual report notifi	cation)	
For further	r information co	oncerning this matter, please co	all:		
John T. M	IcQueen		727 580-6411 at ()		
	Name o	f Person		Telephone Number	
Enclosed i	is a check for th	e 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 Taliahassee, 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

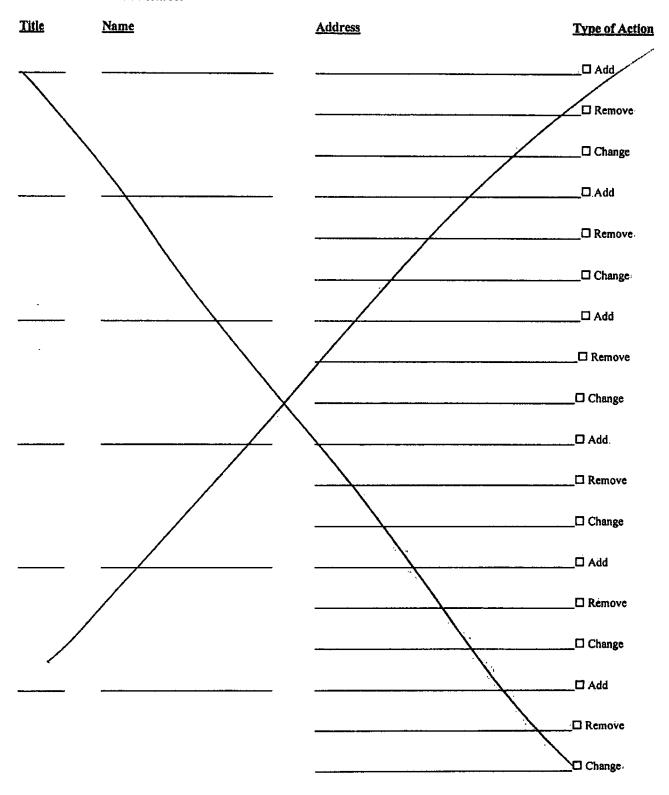
Heritage Family Funeral Care, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li	ability Company	were filed on June 11, 2015	and assigned	
Florida document number L15000101780				
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
McQueen Legacy #5, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the ab	previation "L.L.C."	
Enter new principal offices address, if applica	able:	973 31st Terrace NE		
(Principal office address MUST BE A STREE	TADDRESS)	St Petersburg, FL 33704		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>8<i>0X</i>)</u>	973 31st Terrace NE St Petersburg, FL 33704		
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:			the name of the new	
	973 31st Terrac	Se NE	15 T 65 "	
New Registered Office Address:	773 3130 101180	Enter Florida street address	S 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	St. Peterburg,	, Florida 337	OF ST	
New Registered Agent's Signature, if changing R	egistered Agent:	City	TIECOGO!	

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

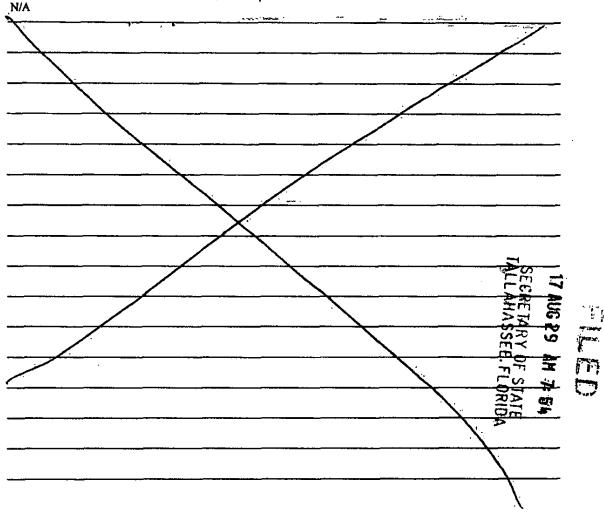
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member



Page 2 of 3

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)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	Avaust 24,2017.
_	
,	Signature of a member of authorized representative of a member
	/
•	John McQueen, Manager
	Typed or printed name of signee

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Filing Fee: \$25.00