## L15000124867

(Re	equestor's Name)	<del></del>
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ	SERVICIOS	S EXEQUIALES LATINOAN		
		Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspor	ndence concerning this matter	to the following:	
		RUBEN DARIO OSPINA		
			Name of Person	
		SERVICIOS EXEQUIALI	ES LATINOAMERICANOS, LLC	
			Firm/Company	
		2315 NW 107 AVE, STE	IM28, NO. 117	
	Address			· · · · · · · · · · · · · · · · · · ·
		DORAL, FLORIDA 3317	2	
		rdospina@serexel.com	City/State and Zip Code	
		<del>-</del>	to be used for future annual report notifi-	cation)
For fi	urther information co	oncerning this matter, please c	all:	
RUB	EN DARIO OSPINA	4	786 477-4175 at ( )	24
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		SSR 27
<b>■</b> \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICIOS EXEQUIALES LATINOAMERICANOS, I	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) Dility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L15000124867	ere filed on 7-21-2015 and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liabilit	y company here:
he new name must be distinguishable and contain 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)	· · · · · · · · · · · · · · · · · · ·
<u>-</u>	
Enter new mailing address, if applicable:	TALLA
Mailing address MAY BE A POST OFFICE BOX)	
_	8 2 :
3. If amending the registered agent and/or registered offic	e address on our records, enter thename of the
egistered 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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RODRIGO ARANGO	2315 NW 107 AVE, STE 1M28, D	Add
			■ Remove
			☐ Change
MGR	HERNANDO ARANGO	2315 NW 107 AVE, STE 1M28, D	
		<del></del>	■ Remove
			Change
			Add
			Remove
			□ Change
			Add I
			Remove
			Change
			□ Add
			☐ Remove
			□ Change
			Add
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			Change

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Affective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of filing.  Note: If the date inserted in this block does not meet the applicable statutor locument's effective date on the Department of State's records.	ing or more than 90 days after filjing.) Purspant to 605.02
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
JUNE 22th 2016	
[MM Fine S	9
Signature of a member or authorized repres	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00