

L15000182238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

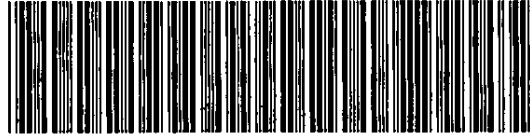
(Business Entity Name)

(Document Number)

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L15-182238

Amend & NC

04/07/16--01007--002 \*\*25.00

FILED  
16 APR -7 PM 1:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

APR -8 2016

N. CAUSSEAU

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRI COUNTY CREMATION LLC - NAME CHANGE TO - ANAGO CREMATIONS LLC  
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:

DAVID M ZULICK

Name of Person

Firm/Company

4703 GREENTREE CIRCLE UNIT B

Address

BOYNTON BEACH, FL 33436

City/State and Zip Code

ZULICKDAVIDM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID ZULICK

561 232-5370  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, 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**

TRI COUNTY 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 OCT 27, 2015 and assigned  
Florida document number L15000182238

This amendment is submitted to amend the following:

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

ANAGO CREMATIONS LLC

The 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)

3379 WEST WOOLBRIGHT ROAD

BOYNTON BEACH, FLORIDA 33436

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4703 GREENTREE CIRCLE

UNIT B

BOYNTON BEACH, FLORIDA 33436

**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:

DAVID M ZULICK

New Registered Office Address:

4703 GREENTREE CIRCLE UNIT B

*Enter Florida street address*

BOYNTON BEACH

*City*

Florida 33436

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID M ZULICK	4703 Greentree Circle unit B Boynton Bch, FL 33436	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID M ZULICK	4703 Greentree Circle unit B Boynton Beach FL 33436	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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10 APR 7 PM 1:37  
OFFICE OF STATE  
CALIFORNIA SECRET OF FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

16 APR -7 PM :39  
ALLIANCE OF STATE  
E. FLORIDA

100

**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 APRIL 04, 2016

David M. Zwick  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DAVID M ZULICK

Typed or printed name of signee