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## **COVER LETTER**

TO: Registration Se Division of Cor		
	MOORE FUNERAL & CREMATORY SERVICES LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Wendy Russell Wiener, Esq.	
	Name of Person	
	Broad and Cassel, LLP	
	Firm/Company	
	215 S. Monroe Street, Suite 400	
	Address	
	Tallahassee, FL 32301	
	City/State and Zip Code	
	alanmoorefh@gmail.com  E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please call:	
Kellie Hoover	850 205-3305at (	
Name o	f Person Area Code Daytime Telephone Number	
Enclosed is a check for th		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status  (additional copy is enclosed) 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

M. ALAN MOORE FUNERAL & CREMATORY SERVICES 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  $\frac{02/12/2016}{1}$ and assigned Florida document number  $\underline{L16000030455}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: M. ALAN MOORE CREMATORY SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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: F Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

#### 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> Address Type of Action \_ 🗆 Add \_□ Remove

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Filing Fee: \$25.00