

L16000078570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

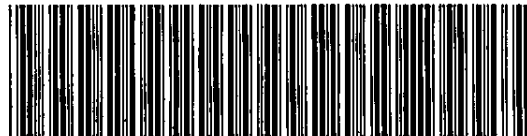
(Business Entity Name)

(Document Number)

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16 MAY 10 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 12 2016  
J. HARRIS

Cover Letter:

Return Address:

My Grave Care Concierge, LLC  
C/O: Adrian Gamez  
13876 SW 56<sup>th</sup> Street, Suite # 378  
Miami, FL 33175

Daytime Number: 786-252-2619

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

My Grave Care Concierge, 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:

Damaris C. Gamez

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

13876 SW 56 Street, Suite #378

\_\_\_\_\_  
Address

Miami, FL 33175

\_\_\_\_\_  
City/State and Zip Code

damaris2126@aol.com

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

For further information concerning this matter, please call:

Adrian Gamez

786

2522619

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

My Grave Care Concierge, 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 4/21/2016 and assigned  
Florida document number L16000078570.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:**

Name of New Registered Agent:

Adrian A. Gamez

New Registered Office Address:

13876 SW 56 Street, Suite #378

*Enter Florida street address*

Miami

Florida

33175

*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

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	Damaris C. Gamez	13876 SW 56 Street, Suite 378	<input type="checkbox"/> Add
		Miami, FL 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adrian A. Gamez	13876 SW 56 Street, Suite # 378	<input type="checkbox"/> Add
		Miami, FL 33175	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 10 PM 3:37  
Remove  
Change  
Add

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated May 4

Signature of a member or authorized representative \_\_\_\_\_

Adrian A. Gamez

Typed or printed name of signee

FILED  
16 MAY 0 PM 3:37  
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TALLAHASSEE, FLORIDA