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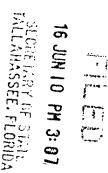
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## **CÒVER LETTER**

Division	or Corporations			
First	icall LLC			
Name of Limited Liability Company				
The enclosed Artic	cies of Amendment and fee(s) are sub	bmitted for filing.		
Please return all co	orrespondence concerning this matter	r to the following:		
	Andriy Khayenko	•		
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Firstcall LLC			
		Firm/Company		
	4513 Estate dr			
		Address		
	Plant City, Fl, 33567			
	13april85@gmail.com	City/State and Zip Code		
	E-mail address:	(to be used for future annual report notific	cation)	
For further inform	ation concerning this matter, please c	call:		
Andriy Khayenko		727 300-1965 at ()		
	Name of Person	Area Code Daytime	Telephone Number	
Enclosed is a chec	k 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

TO:

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

Firstcall LLC			
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on june 2 of 2016	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
OAK Mortuary Service LLC			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or th	e abbreviation "L.I	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)		And Carlo mark	
		6 U	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>ent</u> ere:	ter the name	of the nev
Name of New Registered Agent:		3: <b>67</b> STA 1	
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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be priced does not meet the appl	icable statutory filing	(optional) te than 90 days after filing requirements, this date	Dr. Dursuant	to 605,02 be listed	:07 (3)(t as the
If the record specifies a delayed (b) The 90th day after the reco	effective date, but nord is filed.	ot an effective tir	me, at 12:01 a.m.	on the	earlier	of:
June 07 Dated	2016	·				
	C192					
	Signature of a member or aut	horized representative o	f a member			
Andriy Khayenko						
	Typed or prin	ited name of signee				

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Filing Fee: \$25.00