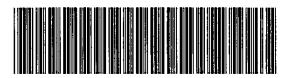
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No. 18 TUB RICE

COVER LETTER

	egistration Sec ivision of Corp				
· ·	GREEN LE	GACY FLAMELESS CREM	ATION LLC		
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retui	rn all correspor	dence concerning this matter	to the following:		
•		LEILA FOGG			
Name of Person					
		 			
1013 CENTRE ROAD, SUITE 403S					
			Address		
		WILMINGTON, DE 1980	5		
		City/State and Zip Code			
		- •	to be used for fatour annual record of 6		
For further	information co		•	ation)	
LEILA FO	GG		800 400-6650		
	Name of	Name of Person REGISTERED AGENTS LEGAL SERVICES, LLC Firm/Company 1013 CENTRE ROAD, SUITE 403S Address WILMINGTON, DE 19805 City/State and Zip Code don@dbpa.us E-mail address: (to be used for future annual report notification) promation concerning this matter, please call:			
Enclosed is	a check for the	e 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)	

TO:

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

GREEN LEGACY F	LAMELESS CREMATION LLC		
(<u>Name of the Limited Liabilit</u> (A Florida)	y Company as it now appears on our r Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Co	5	_ and assigned	
Florida document number L16000108213	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	"LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u></u>	<u> </u>	
			TOP AN EAST
		L iñ	75
Enter new mailing address, if applicable:		257 257	
(Mailing address MAY BE A POST OFFICE BOX)			- 1 2 5 T
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		ਟ੍ਰਾ-	8
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our re ess here:	cords, <u>enter the</u>	name of the nev
Name of New Registered Agent:	•		
New Registered Office Address:			
	Enter Florida street o	address	
		_, Florida	
	City	Z_{i_l}	p 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

Title	<u>Name</u>	Address	Type of Action
AMBR	PATRICK T THOMAS	2567 CREEKFRONT DRIVE	
		GREEN COVE SPRINGS, FL	□ Remove
		32043	■ Change
AMBR	PATRICK T KARNEY	2567 CREEKFRONT DRIVE	□ Add
		GREEN COVE SPRINGS, FL	Remove
		32043	Change
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