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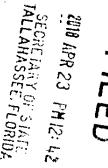
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Div | ision of Cor | porations | | |
|----------------|---------------|--|---|--|
| SUBJECT: | Evans-Calfe | ee Funeral Services LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Richard Lee | | |
| | | ************************************** | Name of Person | |
| | | Capstone Funeral Holding | s of WV LLC | |
| | | | Firm/Company | |
| | | 1905 Woody Drive | | |
| | | | Address | |
| | | Windermere, Florida 3478 | 36 | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | Lecbros@aol.com | | |
| | | E-mail address: (| to be used for future annual report no | tification) |
| For further in | nformation co | oncerning this matter, please ca | all: | |
| Richard Lee | | | 407 257-5024 at () | |
| - | Name of | f Person | | ne Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| □ \$25.00 F | iling 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:

TO:

Registration Section

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

| Evans-Calfee Funeral Services LLC | | | | | | |
|---|--|--|--|--|--|--|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number L16000135666 | y were filed on 7/19/2016 and assigned | | | | | |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | | | | | |
| Capstone Funeral Holdings of WV LLC | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the abbreviation "L.L.C." | | | | | |
| Enter new principal offices address, if applicable: | 1905 Woody Drive | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Windermere, Florida 34786 | | | | | |
| Enter new mailing address, if applicable: | 1905 Woody Drive | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Windermere, Florida 34786 | | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: | Enter Florida street address | | | | | |
| <u></u> | City Florida Zin 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other | r than the date of | filing: | ont be prior to | date of filing o | r more than 90 da | (optional) | Pursuar | nt to 605.02 |
| te: If the date inserte | ed in this block does | not meet t | the applicab | le statutory fi | ling requiremer | its, this date v | vill not | be listed a |
| | • | | | | | | | |
| record specifies after the 90th day after | | | , but not | an effectiv | e time, at 12 | 2:01 a.m. c | n the | earlier |
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| ded Afric | 19 | 4, 3 | 2018 | <u>.</u> • | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00 + \$5.01 = \$30.00