L16000218354

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Guardian Angels LLC 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:
RCE LAW Firm/Company
802 NE 20th Ave
Fort Lauderdale, FL 33304 Casey (Rosenberg Cummings to m E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call: Casey Cummings at (267) 980 - 242 4 3 Name of Person Area Code Daytime Telephone Number U STATE ST
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee & \$\bigcup \\$55.00 Filing Fee & \$\bigcup \\$60.00 Filing Fee, \$\bigcup \\$Certificate of Status & \$\bigcup \\$Certified Copy (additional copy is enclosed)\$ OTher Sunbiz.org Stated there would be no fee.
MAILING ADDRESS: STREET/COUDIED ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guardian Angels 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 $\frac{12/01/2016}{12016}$ and assigned Florida document number $\frac{L16000218354}{12016}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Cuardian Angels Pet Cremation LLC 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 negistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
$City \qquad \qquad$
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
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ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of	(optional) of filing or more than 90 days after filing.) Pursu	uant to 605
If the date inserted in this block does not meet the applicable sta ent's effective date on the Department of State's records.	atutory filing requirements, this date will n	ot be liste
ord specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on th	ne earlie
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Signature of a member or authorized re	opicaentative of a member	

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Filing Fee: \$25.00