11800014316

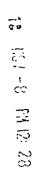
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300320497663

11/08/18--01909 -- 0.01 **101.50/



O SIMMONS NOV 2 7 2018

COVER LETTER

	ion Section of Corporations		
SUBJECT: P.	ne Lake Funeral Hom Name of Lin	e a D Affordable Conted Liability Company	remation Services LLC
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
,	Brian P. Buchert, Esquire		
	The Law Office of Brian I	Name of Person P. Buchert, P.A.	
	3249 W. Cypress St., Ste.	Firm/Company A	
	Tampa, FL 33607	Address	
	bhuchert@buchertlawoffice	City/State and Zip Code e.com	
	E-mail address:	to be used for future annual report notifi	ication)
For further informa	tion concerning this matter, please of	all:	
Brian P. Buchert, I	Squire	813 434-0570 at ()	
	lame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pine Lake Funeral Home and Affordable Cremation Services LLC

Florida document number $\frac{1.18000014316}{1.18000014316}$

(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 January 16, 2018 a	nd assigned

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NOT APPLICABLE		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NOT APPLICABLE	.*
(Principal office address MUST BE A STREET ADDRESS)		
		·
Enter new mailing address, if applicable:	NOT 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:	NOT APPLICABLE	
New Registered Office Address:	3249 W. Cypress St., Ste.	A Inter Florida street address
	Tampa	Florida 33607

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>	<u>Address</u>	Type of Action
D	MGR	Kyle R. Brizendine	3180 30th Avenue North St. Petersburg, FL 33713	
•				_ Remove
•				□ Change
A	MGR	Brian P. Buchert	3249 W. Cypress St., Ste. A Tampa, FL 33607	⊟ Add
				□ Remove
				Change
4	AP	Brian P. Buchert	2401 W Kennedy Blvd Ste 201 Tampa, F1. 33609	Add
				■ Remove
				Change
				Remove
				Change
				
				Change
				Remove
				☐ Change

		
		-
		
		÷ *
		<u> </u>
		
		1
		
		CU.
ective date, if other than tl	ne date of filing:	(optional)
terective date is listed, the date in this	ust be specific and cannot be prior to date of filing oblock does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605.0. Tling requirements, this date will not be listed
ument's effective date on the	Department of State's records.	
record specifies a delay he 90th day after the re	ed effective date, but not an effective	re time, at 12:01 a.m. on the earlier
ne sour day after the re	cord is med.	
November 6	2018	
ed	·	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee