

218000099424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

n PRUCE  
SEP 08 2018

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **HOWE AND RAINFORD REMOVAL AND FUNERAL SERVICES 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:

DEBORAH HOWE

Name of Person

Firm/Company

4645 ROSE CORAL DRIVE, APT 112

Address

ORLANDO, FL 32808

City/State and Zip Code

CBIVINSJR58@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBORAH HOWE

321

331-3333

Name of Person

at ( )

Area Code

Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check 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  
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**

HOWE AND RAINFORD REMOVAL AND FUNERAL SERVICES 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 APRIL 19, 2018 and assigned  
Florida document number L18000099424.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

HOWE AND RAINFORD REMOVAL SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4645 ROSE CORAL DRIVE

APT 112

ORLANDO, FL 32802

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4645 ROSE CORAL DRIVE

APT 112

ORLANDO, FL 32808

**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:

DEBORAH HOWE

New Registered Office Address:

4645 ROSE CORAL DRIVE, APT 112

*Enter Florida street address*

ORLANDO

*City*

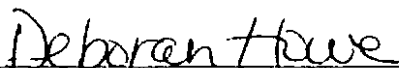
Florida

32808

*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

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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JULIAH S. S. 08/10/00

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TALLAHASSEE, FLORIDA

2018 SEP -4 PM 3:52  
SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 28 2018

Deborah Howe  
Signature of a member or authorized representative of a member

DEBORAH HOWE

Typed or printed name of signee