118000281625

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2019 FEB 27 PM 2: 56

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COVER LETTER

VIID IEC		UNERAL SERVICES, LLC		
SUBJEC	1:			
The enclo	osed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		JOHN G. MILTON		
			Name of Person	
		MILTON FUNERAL SER	RVICES, INC.	
			Firm/Company	
		420 E. MACCLENNY AV	/ENUE	
			Address	
		MACCLENNY, FL 32040)	
		gmilton@miltonine.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information c	oncerning this matter, please ca	ali:	
DENNIS L. BLACKBURN		RN	904 296-7713 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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:

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TO:

Registration Section
Division of Corporations

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2019

JOHN G. MILTON 420 E. MACCLENNY AVENUE MACCLENNY, FL 32040

SUBJECT: MILTON FUNERAL SERVICES, LLC

Ref. Number: L18000281625

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00002952

Claretha Golden Regulatory Specialist II

MECELVED 9FEB 27 AM 10: 4 CAR AM 10: 4

February 20, 2019

I, Doyle M. Archer, will not be revoking the dissolution of my corporation, ARCHER FUNERAL HOME, INC., and thereby release the name to be used by the new owners of the business, John G. and Brittnee Milton.

Sincerely,

Doyle M. Archer

311 NE 2nd Street

Lake Butler, FL 32054

Dogh M Ouche

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MILTON FUNERAL SERVICES, LLC

2019 FEB 27 PM

(Name of the Limited Lia	ibility Company as it now appears on our record orida Limited Liability Company)	<u>ls.</u>)
(A Flo	orida Limited Liability Company)	I/ MIASSES
The Articles of Organization for this Limited Liabilit Florida document number <u>L18000281625</u>	ty Company were filed on 12/06/2018	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
ARCHER FUNERAL HOME, LLC		
The new name must be distinguishable and contain the words "	"Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX,	2	
B. If amending the registered agent and/or receistered agent and/or the new registered office a Name of New Registered Agent:		is, enter the name of th
New Registered Office Address:	Enter Florida street addr	146
New Registered Office Address:	Enter Florida street addre	lorida

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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			Add
			□ Remove
			☐ Change

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(If an et Note:	cive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	1-30 2019.
	Signature of a thember or authorized representative of a member
	JOHN G. MILTON, MANAGER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00