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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ARCHER FUNERAL HONE 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:
JOHN GARRETT MILTON Name of Person
ARCHER FUNERAL HOME LLC Firm/Company 55 N. Lake Ave
Address
City/State and Zip Code archer funeral home @ youh as com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANNA DAYLE FUSS at 386, 496-2008 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A	HUME LLC ?" 1:58
ARCHER FUNERAL (Name of the Limited Liability Comps (A Florida Limited)	HUME LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 12-6-2018 and assigned
Florida document number <u>L180000 281625</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	55 N. Lake Ave Lake ButLER FL 32054
(Principal office address MUST BE A STREET ADDRESS)	Lake ButLER, FL 32054
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido
	, Florida City 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

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address 22.38 - F1.158	Type of Action
MGR	MILTON, BritHNEE	420 E. MACCLENNY A.	/ € □ Add
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fective date, if other than the date of filing:		
on effective date is listed, the date must be specific and cannot be prior to date of fillute: If the date inserted in this block does not meet the applicable statuto ocument's effective date on the Department of State's records.	ing or more than 90 days after filing.)	
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	l a.m. on the earlier of: (b) The	90th day after the
ned <u>September 3</u> , 2020.		
Signature of a member or authorized representation of the CARETT MILE Typed or printed name of s	entative of a member	
JOHN GARRETT MIL	TON	