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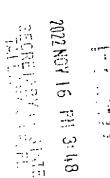
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COVER LETTER

Division of Cor	porations		
	est Family Cremations		٠.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David T. Menneke		
		Name of Person	
	Florida Family Cremations		
		Firm/Company	
	5840 Ulmerton Road Suite	D	
		Address	2022 SEE
	Clearwater, Fl., 33760		2022 NOV 16 SECRETARY
	David@floridafamilycrema	City/State and Zip Code tions.com	
		to be used for future annual report notification)
For further information c	oncerning this matter, please c	all:	
David Menneke		727 223-5911 at ()	
Name o	f Person	Area Code Daytime Telep	hone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Name of New Registered Agent: New Registered Office Address:	5840 Ulmerton Road Sui	Enter Florida street address	erida <u>33760</u>
	5840 Ulmerton Road Sui		
Name of New Registered Agent:			
Name of Name Day 1			
	David T. Menneke		
gent and/or the new registered office addre	ess here:		
. If amending the registered agent and/or	registered office address	on our records, <u>enter</u>	the name of the new regis
			- 1. G
			ω
Mailing address MAY BE A POST OFFICE BOX)			
nter new mailing address, if applicable:			कि कि
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Principal office address MUST BE A STRE			. 2
nter new principal offices address, if appli	cable:		
e new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC"	'or the abbreviation "L.L.C."
Transming mane, enter the new hante	or the infried flathing con-	ipany nere.	
. If amending name, enter the new лаme (of the limited liability com	nnany here:	
his amendment is submitted to amend the fol	lowing:		
orida document number L19000196513	·		
the Articles of Organization for this Limited Liability Company were filed on 08/01/2019			
	(VIII MANAGE MANAGEMAN)	ow appears on our record Company)	

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
Mgr	Menneke, David T	5840 Ulmerton Road, Suite D, Clearwater, FL, 33760	_ ≣ Add
			_ □Remove
			Change
Mgr	Menneke, David		_ 🗆 Add
		5018 Cadillac Way South, St. Petersburg, Fl., 33712	_ = Remove
			_ Change
Mgr	Heyward, Thomas S, III		_ □Add
		4267 48th Ave South, St. Petersburg, Fl., 33711	_ = Remove
			_ □Change □ F
			_ DAdd
			□Remove
			rvi C □Change
			□Add
			□Remove
			_ □Change
		<u></u>	🗆 Add
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			□Change

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