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COVER LETTER

TO: Registration Se Division of Cor			
After Life C	Consultants & Cremations L. I.	. C.	
SUBJECT:	Name of Lim	ited Liability Company	, <u>,</u>
	Amendment and fee(s) are sub	_	
	Clarina JeanPierre		
	<u></u>	Name of Person	
	After Life Consultants & C	Cremations, L. L. C.	
		Firm/Company	
	2904 NW 60 Terrace, Unit	4-343	
		Address	
	Sunrise, FL, 33313		
	TheAfterLifeJP@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Clarina JeanPierre		978 276-9645 at ()	
Name of	[Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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	s:	Street Address:	

TO:

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

After Life Consultants & Cremations L. L. C.	25/01 -9 7117:12
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000143039	were filed on May 26, 2020 and assigned
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	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2630 W. Broward Blvd
(Principal office address MUST BE A STREET ADDRESS)	Suite 203-578
	Ft Lauderdale, FL, 33312-1314
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 register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 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
CEO	Clarina JeanPierre	2050 NW 28 Terrace	= Add
		Fort Lauderdale, FL, 33311-3334	□Remove
			□ Change
			□ Add
			□Remove
			□Change
		 	🗀 Add
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			□Change
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			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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effe t e: i	ve date, if other than the date of filing:
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed _	August 10th, 2020.
	Signature of a member or authorized representative of a member
	Clarina JeanPierre