

L21 000068349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

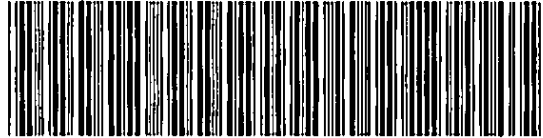
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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N/C & Amend

07/30/21--01013--025 **25.00

SECRETARY OF STATE
FALL MASSACHUSETTS

2021 SEP 10 AM 8:59

FILED

A RAMSEY

SEP 10 2021

SEP 10 2021

A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2021

RAYMOND WASHINGTON
LEONARD WASHINGTON
8593 S. COUNTY ROAD 231
LAKE BUTLER, FL 32054

SUBJECT: DIXON MORTUARY AND CREMATION SERVICE, LLC
Ref. Number: L21000068349

We have received your document for DIXON MORTUARY AND CREMATION SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

UNABLE TO CONTACT YOU VIA TELEPHONE, YOU DID NOT PROVIDE A COVER LETTER WITH CONTACT INFO. YOU DID NOT PROVIDE AN ADDRESS FOR ALL ADDED MEMBERS. ENCLOSED IS A NEW APPLICATION FORM.

The document is illegible and not acceptable for imaging.

You failed to make the correction(s) requested in our previous letter.

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

Alecia Rivers
Regulatory Specialist II

Letter Number: 321A00020916



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2021

RAYOND WASHINGTON
LEONARD WASHINGTON
8593 S. COUNTY RD.
LAKE BUTLER, FL 32054

SUBJECT: DIXON MORTUARY AND CREMATION SERVICE, LLC
Ref. Number: L21000068349

We have received your document for DIXON MORTUARY AND CREMATION SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You failed to make the correction(s) requested in our previous letter.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

NEED TO CHECK TYPE OF ACTION BOX AND ADD FULL ADDRESS IF ADDING AN AUTHORIZED PERSON.

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

Alecia Rivers
Regulatory Specialist II

Letter Number: 221A00020213



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 AUG 19 AM 10:30

August 12, 2021

RAYMOND WASHINGTON
LEONARDO WASHINGTON
8593 S. COUNTY ROAD 231
LAKE BUTLER, FL 32054

SUBJECT: DIXON MORTUARY AND CREMATION SERVICE, LLC
Ref. Number: L21000068349

We have received your document for DIXON MORTUARY AND CREMATION SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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

Alecia Rivers
Regulatory Specialist II

Letter Number: 021A00019266

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Dixon Mortuary and Cremation Service, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 SEP 10 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 18, 2021 and assigned
Florida document number L21000068349

This amendment is submitted to amend the following:

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

WASHINGTON MEMORIAL & MORE FUNERAL SERVICE INDUSTRY, 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)

8593 S COUNTY ROAD 231

LAKE BUTLER, FLORIDA

32054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Raymond Washington

P. o Box 684 Alachua, Florida

32616

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:

RAYMOND WASHINGTON

New Registered Office Address:

8593 S County Road 231

Enter Florida street address

lake Butler

City

Florida 32054

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>
<u>MGR</u>	<u>Raymond Washington</u>	<u>P. O Box 684 Alachua florida 32616</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MEM</u>	<u>Leonardo Washington</u>	<u>P.O. Box 684, Alachua, FL</u>	<input checked="" type="checkbox"/> Add
		<u>32616</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>malcolm Dixon</u>	<u>15114 NW 134 Ter, Alachua Fl</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated July 16.

20121

Signature of a member or authorized representative of a member

Typed or printed name of signee