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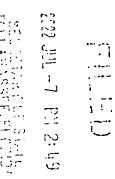
(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT: 3e	SHESS Slum Name of Lim	ber Cemetery ited Liability Company	
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael	T. Den mark	
	_ Retless	Slumber / Den	imark Acres
	825	SW Wester Dr.	
	Lake	City/State and Zip Code	
	Zucy 2 E-mail address: (i	Who was for future sinual report notific	27 (action)
For further information co	oncerning this matter, please ca	ali:	- -
Tammy J.	Person	at (381/) 311.5-8 Area Code Daytime	250 Telephone Number
Enclosed is a check for th	Name of Limited Liability Company If Articles of Amendment and fec(s) are submitted for filing. If all correspondence concerning this matter to the following: Michael T		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
	ection	Registration Sect	
		Division of Corpo	orations
P.O. Box 632 Tallahassee, F			
i ananassee, r	15 525 14	2913 IX. IVIORIOC	Succi, Suite o IV

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Restless Shi	mber Cometery	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 210000 70561</u> .	were filed on <u>F6b. 10,2021</u>	and assigned
This amendment is submitted to amend the following:		· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the limited liabil Den may k ACRES LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	825 SW Wester D F1.3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zıp Codu
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 Type of Action Name Address **Title** \square Add □Remove ☐ Change _☐Change _ Add Remove _ □Change _□Add □Remove Change □Add _____ □Change _____ □ Add _ □Remove ☐ Change

					
 					
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ffective date, if other an effective date is listed, the lote: If the date inserted neument's effective date	in this block does	s not meet the applica	ible statutory filing re	quirements, this date	.) Pursuant to 605.020 will not be listed a
record specifies a delayer is filed.	d effective date, be	ut not an effective tir	ne, at 12:01 a.m. on ti	he earlier of: (b) T	ne 90th day after the
ated July	Jn .	<u>N.22</u>	rized representative of a	-member	

Filing Fee: \$25.00