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Y. SCOTT FEB 16 2022

## **COVER LETTER**

**Registration Section** 

TO:

ion of Corp	porations			
MADISON	EAVES MORTUARY, LLC			
	Name of Lim	ited Liability Company		
Articles of a	Amendment and fee(s) are sub	mitted for filing.		
all correspoi	ndence concerning this matter	to the following:		
	RUTH MADISON-EAVE	S		
		Name of Person		~2
	MADISON EAVES MOR	TUARY, LLC	SECR	2022 FEB -7 PM 3: 05
	· <u></u> -	Firm/Company		8 =
	P.O. BOX 13038		HAS:0	B-7 PM (
		Address	m m m	— T ယ
	JACKSONVILLE, FLORI	DA 32206		: 05
	RMEAVES7@GMAIL.CO	City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	tification)	
formation co	oncerning this matter, please c	all:		
ISON-EAV	ES	267 258-4825		
Name of	f Person	Area Code Daytir	ne Telephone Number	_
check for th	ne following amount:			
ling Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	Status &
		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	orporations	
	Articles of All corresponding Addressistration Sision of C. Box 632	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter.  RUTH MADISON-EAVE  MADISON EAVES MOR  P.O. BOX 13038  JACKSONVILLE, FLORI  RMEAVES7@GMAIL.CO  E-mail address: (commation concerning this matter, please of SON-EAVES  Name of Person  Check for the following amount:  ling Fee S30.00 Filing Fee & Certificate of Status  ing Address: istration Section	Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  RUTH MADISON-EAVES  Name of Person  MADISON EAVES MORTUARY, LLC  Firm/Company  P.O. BOX 13038  Address  JACKSONVILLE, FLORIDA 32206  City/State and Zip Code  RMEAVES7@GMAIL.COM  E-mail address: (to be used for future annual report not formation concerning this matter, please call:  SON-EAVES  Name of Person  Area Code  Daytin  check for the following amount:  ling Fee  S30,00 Filing Fee & Certified Copy (additional copy is enclosed)  ing Address: istration Section Registration Section Siston of Corporations Division of Corporations Box 6327  The Centre of	Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  All correspondence concerning this matter to the following:  RUTH MADISON-EAVES  Name of Person  MADISON EAVES MORTUARY, LLC  Firm/Company  P.O. BOX 13038  Address  JACKSONVILLE, FLORIDA 32206  City/State and Zip Code  RMEAVES7@GMAIL.COM  E-mail address: to be used for future annual report notification)  Formation concerning this matter, please call:  SON-EAVES  Name of Person  Area Code  Daytime Telephone Number  Check for the following amount:  thing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Imp Address:  Istration Section  Sign of Corporations  Box 6327  The Centre of Tallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADISON EAVES MORTUARY, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MARCH 15, 2021	and assigned
Florida document number L21000122707		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MAHLO ENTERPRISES, LLC		<b>20</b>
MAHLO ENTERPRISES, LLC  The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	the abbreviation "L.IC."
Enter new principal offices address, if applicable:		THE B
(Principal office address MUST BE A STREET ADDRESS)		55%
		PM 3:
		3: 05 5TATE
Enter new mailing address, if applicable:		<u>, w</u> α
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered office a	address on our records, enter the	name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furthe	r agree to comply wit

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
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			□Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fil	ing or more than 90 days after filing.	) Pursuant to 605
e: If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date	will not be list
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:0	)1 a.m. on the earlier of: (b) Th	e 90th day afte
filed.		
JANUARY 31 2022		
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Typed or printed name of signee