

121000323281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

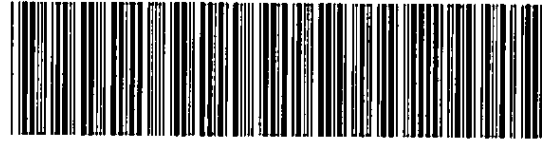
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
AUG 11 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREMATORIOS DEL ZULIA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Berthet

Name of Person

2BC Group Inc

Firm/Company

20200 W Dixie Hwy. Suite 809

Address

Aventura, Florida 33180

City/State and Zip Code

info@2bc.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Berthet

Name of Person

at (941) 726-9984

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CREMATORIOS DEL ZULIA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/15/2021 and assigned
Florida document number L21000323281.

This amendment is submitted to amend the following:

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

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:

1062 Bluewood Ter

(Principal office address MUST BE A STREET ADDRESS)

Weston, Florida 33327

Enter new mailing address, if applicable:

1062 Bluewood Ter

(Mailing address MAY BE A POST OFFICE BOX)

Weston, Florida 33327

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:

Adriana Franco

New Registered Office Address:

1062 Bluewood Ter

Enter Florida street address

Weston

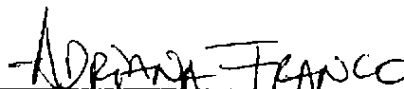
City

, Florida 33327

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

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TALLAHASSEE, FL

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>
AMBR	Angel Franco	CALLE 66A JUANA DE AVILA	<input type="checkbox"/> Add
		MARACAIBO, ZU 4005 VE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Adriana Franco	1062 Bluewood Ter.	<input checked="" type="checkbox"/> Add
		Weston, Florida 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF THE
TALLAHASSEE, FLA.

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.

Dated 20th of July . 2021

~~Benjamin Berthel - Accountant~~

Typed or printed name of signee

Filing Fee: \$25.00