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COVER LETTER

TO:	Registration Se Division of Cor			4
OUNTE	Bethel Rem	noval and Transport Service LI	.C	*
SUBJE	CI:	Name of Lim	ited Liability Company	, -
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Chastity Bethel		
			Name of Person	
		-	Firm/Company	<u> </u>
		2832 First Avenue North		
		· •	Address	
		Saint Petersburg Florida 3.	3713	
			City/State and Zip Code	
		Bethelremovalservices@gn		
For furt	her information c	n-man address: (concerning this matter, please c	to be used for future annual report not all:	nication)
Chastity	y Bethel		727 641-3612	
	Name o	f Person		e Telephone Number
Enclose	ed is a check for the	he following amount:		
□ \$ 25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	ection
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632	•	The Centre of	•
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Bethel Removal and Transport Service LLC

2022 JUH 28 PM 1:48

(Name of the Limited (A	Liability Company as it now appears on our p Florida Limited Liability Company)	records.) E 1/2 OF STATE
The Articles of Organization for this Limited Liab	ility Company were filed on 4/25/22	and assigned
Florida document number L22000197052	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
Bethel Mortuary Removal and Transport Service LLC	:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address be Name of New Registered Agent:		enter the name of the new register
New Registered Office Address:		
	Enter Florida street o	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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	·		□Add
			□Remove
	\		□Change
<u>.</u>			□Add
			□Remove
			□Add
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ffective date, if other than t	he date of filing	·•		(option:	al)
an effective date is listed, the date r lote: If the date inserted in this	nust be specific and or block does not me	cannot be prior to o seet the applicabl	late of filing or more t	than 90 days after fili	ng.) Pursuant to 605.0207 (
ocument's effective date on the	Department of St	tate's records.			
record specifies a delayed effect is filed.	tive date, but not a	an effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
ris nied.					
lune 2		2022			
lune 2		2022			
June 2	Jan Al	tokel			
	Signature of a m	tokel	ed representative of a	member	