

122000318578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

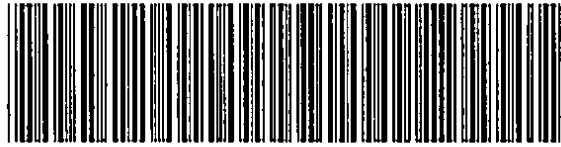
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

JAN 10 2023



900395917499

10/18/22--01024--003 **30.00

SECRET
TALLAHASSEE FL 32310

2022 OCT 18 AM 8:17

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solution Serenity Funeral Home and Cremation Services

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:

Erlie Luma-Beauplan

Name of Person

Firm/Company

1215 SW 35 avenue

Address

Fort Lauderdale, Florida 33312

City/State and Zip Code

Erliebeau@gmail.com

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

For further information concerning this matter, please call:

-Erlie Luma-Beauplan

754 551-0116
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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

Solution Serenity Funeral Home and Cremation Services

(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 July 18, 2022 and assigned
Florida document number L22000318578.

This amendment is submitted to amend the following:

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

Solution and Serenity Funeral Home and Cremation Services, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City Florida

City

FILED
2022 OCT 8 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGR	Jeane Melony Beauplan	1215 SW 35 avenue Ft Lauderdale	<input type="checkbox"/> Add
		Florida 33312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Erlic Luma-Beauplan	1215 SW 35 avenue Ft Lauderdale	<input checked="" type="checkbox"/> Add
		Florida 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thiel Alteme	2871 Somerset Drive apt H109 Lauderdale Lakes	<input type="checkbox"/> Add
		Florida 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

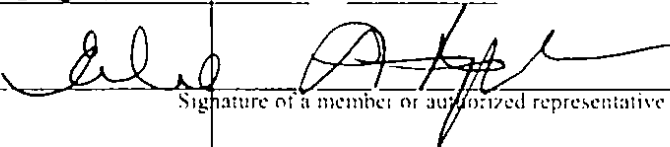
E. Effective date, if other than the date of filing: _____ (optional)

(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 OCTober 10 2022


Signature of a member or authorized representative of a member

ERLIE Luma-Beauplan
Typed or printed name of signee