

L220000491445

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2024 APR 22 AM 5:13
CLERK OF SUPERIOR COURT
ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joseph B Walker's Funeral & Cremation Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Justice Joseph Sr
Name of Person

Joseph B Walker's Funeral & Cremation Services LLC
Firm Company

99 NW 183 St
Address

Miami FL 33169
City, State and Zip Code

Joseph.walker@myyrhoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Justice Joseph Sr at (786) 474-0696
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

Mail body:

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

Joseph & Walker's Memorial Chapel 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 11/17/2022 and assigned Florida document number L22000491445.

This amendment is submitted to amend the following:

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

Joseph & Walker's Funeral & 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)

99 NW 183rd MIAMI
FL
33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

99 NW 183rd
MIAMI FL
33169

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:

Justice Joseph Sr

New Registered Office Address:

99 NW 183rd

Enter Florida street address

Miami

City

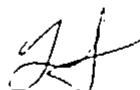
Florida

33169

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

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	Justice Joseph Sr	22601 SW 125ave	<input type="checkbox"/> Add
		Miami FL	<input type="checkbox"/> Remove
		33170	<input checked="" type="checkbox"/> Change
MGR	Carica McCray	22601 SW 125ave	<input type="checkbox"/> Add
		Miami FL	<input type="checkbox"/> Remove
		33170	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 April 15 .. 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00