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COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:		ENERITY FUNERAL HO	ME AND CREMATIONS, LLC	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of Arr	nendment and fee(s) are sub	mitted for filing.	
Płease return	all corresponde	ence concerning this matter	to the following:	
		CLIFT	TON H. RODRIQUEZ, CPA	
			Name of Person	
		CLIFTO	S H. RODRIQUEZ, CPA, PA	
			Firm/Company	
		3146 NW	68TH STREET, SUITE NO.1	
			Address	
		FORT LA	UDERDALE, FLORIDA 33309-13	206
			City/State and Zip Code	
			crodzzz13@gmail.com	
	_	E-mail address: (1	to be used for future annual report noti	fication)
For further in	iformation cone	erning this matter, please ca	all:	
C	LIFTON H. RC		954 557-9038 Area Code Daytim	
	Name of Pe	rson	Area Code Daytim	e Telephone Number
Enclosed is a	check for the f	ollowing amount:		
□ \$25.00 H	iling Fee	S30.00 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)

TO:

Registration Section

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**

MATHEWS SENERITY FUNERAL HOME AND CREMATIONS, LLC

The Articles of Organization for this Limited Liability Company	were filed on 10/31/2023	and assigned
Florida document number 1.23000493479		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here;	
MATHEWS' SERENITY FUNERAL HO	OME AND CREMATIONS, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	5640 NW 11TH STREET	~)
(Principal office address MUST BE A STREET ADDRESS)	LAUDERHILL, FLORIDA 33313	2
		;
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	5640 NW 11th STREET	
(Mailing address MAY BE A POST OFFICE BOX)	LAUDERHILL, FLORIDA 33313	- 2
		ر ، دب
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the nan</u>	ne of the new regi
agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new regi
Name of New Registered Agent:	address on our records, <u>enter the nan</u> Enter Florida street address	ne of the new regi
Name of New Registered Agent:	Enter Florida street address	ne of the new regis

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 heing 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, 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
			□Add
			□ Remove
			□Change
			∐Add
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Signature of a member or authorized representative of a member	ica <u>I</u>	
Signature of a member or authorized representative of a member		Willie land Mathens
		Signature of a member or authorized representative of a member
		PEARL W. MATTHEWS