

M04 000009025

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000284966 3)))



H140002849663ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED
14 DEC 10 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTHSTAR FUNERAL SERVICES OF FLORIDA, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (02), and Estimated Charge (\$25.00).

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEC 10 A 9:37

FILED

Electronic Filing Menu Corporate Filing Menu
B. BOSTICK
HelpeC 11 2014
EXAMINER

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: NORTHSTAR FUNERAL SERVICES OF FLORIDA, LLC

2. Jurisdiction of its organization: DE

M04-5225

3. Date authorized to do business in Florida: 11/12/2004

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: The officers will be: Brian Sullivan - COO & President
Detlef Taylor - VP of Sales, Alan Teal - VP & Director of Cem OPS
Deb Gilmore - Sec VP & Director of Admin
address for all is: 1900 Saint James Place, Suite 300, Houston, TX 77056

7. Attached is an original certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Brian Sullivan
Signature of the authorized representative

Brian Sullivan
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 DEC 10 A 9:37

FILED