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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Shiloh Cemetary Association, Enc
DOCUMENT NUMBER: <u>NØ3000004193</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cinger K Dliver (Name of Contact Person)
Shiloh Cemetary Association, Inc.
33272 Prospect Road (Address)
Dade City, FLORIDA 33525 (City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Cinger K Diver at <u>8134229265</u> (Name of Contact Person) at <u>(Area Code)</u> (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

★ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee &

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

Α	ticles of Amendment	
Ar	to icles of Incorporation	
Shiloh Cemeta (Name of Corporation as currently filed with the Flor	of <u>ASSCC</u> da Dept. of State)	ation, Inc.
NO3DOOOD	4193	
(Document N	umber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not F</i>	for Profit Corporation adopts the following
A. If amending name, enter the new name of the corr	pration:	
	teryAs	sociation, Friend
name must be distinguishable and contain the word "cor <u>"Company" or "Co." may not be used in the name</u> .	oration" open incorporate	ed" or the abbreviation "Cofp." or "Inc."
B. Enter new principal office address, if applicable:	NIA	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>35</u> )	
C. Enter new mailing address, if applicable:	NILA	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	_N[A	
D. If amending the registered agent and/or registered	office address in Florid	a enter the name of the
new registered agent and/or the new registered off		
Name of New Registered Agent:	NA	E E E E E E E E E E E E E E E E E E E
	• 1	
		Florida street address)
<u>New Registered Office Address:</u>		
	$N \downarrow A$	, Florida (Zip Code)
	Chiy	[htp://oue)
<u>New Registered Agent's Signature, if changing Regist</u> I hereby accept the appointment as registered agent. I a		of the obligations of the position.
	, I	
	$\underline{N}[A]$	stered Agent, if changing
	Signature of New Regi	stered Agent, if changing
	traci	i incorrecter
noto: the word "C	emetary"	is incorrectly
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## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hold. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PTJohn DocVMike JonesSVSally Smith	
<u>Type of Action</u> (Check One)	<u>Title Name</u>	<u>Addres</u> s
1) Change Add Remove		
2) Change Add		
3) Remove Add Remove		
4) Change Add	<u> </u>	
Remove 5) Change Add		
		· · · · · · · · · · · · · · · · · · ·
Add Remove	<u></u>	

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

		•	•	
	•	•		


The date of each amendment(s) adoption:	, if other than the
date this document was signed.	

Effective date if applicable:

(no more than 90 days after amendment file date)

<u>Note:</u> 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.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

• · · · There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

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(By the chairman or vice	e chirman of the board, president or other officer-if directors
have not been selected.	by an incorporator – if justhe hands of a receiver, trustee, or
	iduciary by that fiduciary)
	(Typed or printed name of person signing)

(Title of person signing)