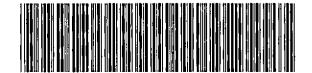
MODOW 9056

| (Req | uestor's Name) | |
|---------------------------|-------------------|-----------|
| (Add | iress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Buş | iness Entity Name | e) |
| (Doo | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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And

R. WHITE SEP 1 4 2018 2018 SEP 12 MIII: 21 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

| OAKLAND- NAME OF CORPORATION: | TILDENVILLE CEMETERY, INC. |
|---|---|
| N07000009056 | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee | are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| Sharon Ranson | |
| | (Name of Contact Person) |
| OAKLAND-TILDENVILLE CEMETERY, IN | NC. |
| · · · · · · · · · · · · · · · · · · · | (Firm/ Company) |
| 233 Massey Avenue | |
| | (Address) |
| Winter Garden, FL 34787 | |
| | (City/ State and Zip Code) |
| ransonshar@aol.com | |
| E-mail address: (to | be used for future annual report notification) |
| For further information concerning this matter. | , please call: |
| Sharon Ranson | 407 721.5479 |
| (Name of Contact | |
| Enclosed is a check for the following amount r | made payable to the Florida Department of State: |
| \$35 Filing Fee \$3.75 Filing Certificate of | Fee & Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is Enclosed) S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed) |
| Mailing Address | Street Address |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

OAKLAND-TILDENVILLE CEMETERY, INC.

2018 SEP 12 AM 11: 21

| or the true independent of the letter, and | | 2010 021 102 11111 |
|---|---|--|
| (Name of Corporation as cu | rrently filed with the Flo | rida Dept. of State - TATE |
| N0700009056 | | rida Dept. of State ETARY OF STATE TALLAHASSEE.FL |
| (Document N | lumber of Corporation (if l | (nown) |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation: | tatutes, this Florida Not Fo | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corp | oration: | |
| Not Applicable | | The new |
| name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name. | poration" or "incorporate | |
| B. Enter new principal office address, if applicable: | Not Applicable | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Not Applicable | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | | , enter the name of the |
| Name of New Registered Agent: | Applicable | |
| New Registered Office Address: | (f | lorida street address) |
| Not A | Applicable | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a | ered Agent: im familiar with and accep | t the obligations of the position. |
| | NA | |
| | Signature of New Regis | stered Agent, if changing |

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 held, 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: X Change X Remove X Add | <u>V</u> <u>Mi</u> | nn Doe ke Jones lly Smith | |
|-----------------------------------|--------------------|---------------------------------|-------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
| 1) X Change | Other | Julius Mosby | P. O. Box 174 |
| Add | | | Oakland, FL 34760 |
| X Remove | | | |
| 2) X Change | Other | Katherine Wright | P. O. Box 363 |
| XAdd | | | Oakland, FL 34760 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| () Charry | | | |
| 6) Change Add | | | |
| Remove | | | |

| E. If amending or adding additional Arti (attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) |
|---|---|
| Not Applicable | |
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| | September 8, 2018 | |
|---|---|---------------------|
| The date of each amend | Iment(s) adoption: | , if other than the |
| date this document was s | | |
| Definition data if applica | September 8, 2018 | |
| Effective date if applica | (no more than 90 days after amendment file date) | |
| | d in this block does not meet the applicable statutory filing requirements, this date will not be e on the Department of State's records. | listed as the |
| Adoption of Amendmen | nt(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were sufficient | was/were adopted by the members and the number of votes east for the amendment(s) for approval. | |
| There are no member adopted by the boar | ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors. | |
| Dated _ | September 8, 2018 | |
| Signature _ | Staten | - |
| ì | By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| | Sharon Ranson | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |