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SECRETARY OF STATE
AND AM ISSEE, FLORIDI

Mhora

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Fund	eral Depot & Casket Sales ((208), Inc.
DOCUMENT NUI	MBER:	P08000070303	<u> </u>
The enclosed Articl	les of Amendment and fee	are submitted for filing.	
Please return all cor	rrespondence concerning th	nis matter to the following:	
_		Hilbert Mohabir	
	1	Name of Contact Person	
_	Funeral Dep	oot & Casket Sales (208), Inc.	
		Firm/ Company	
		6871 Bird Road	
_		Address	
	M	liami, Florida 33155	
_		City/ State and Zip Code	
	firstara	bian@yahoo.com	
	E-mail address: (to be us	ed for future annual report notification)	
For further informate	tion concerning this matter	, please call:	
н	ilbert Mohabir	at (305) 91	0-4169
Name o	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount	made payable to the Florida Departi	ment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	;

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

(rently filed with the Florid	B), Inc. 11 JUN 20 AM II: 0	15
		AMII: 0 AMII: 0 AMII: 0 AMII: 0 ALLAHASSEE, FLORID	<u>.</u>
(Document Nur	mber of Corporation (if known	wn)	4
ant to the provisions of section 607.100 dment(s) to its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation adopts	the folk
amending name, enter the new name o	of the corporation:		
		Th	ie new
must be distinguishable and contain viation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro	e designation "Corp," "In	c," or "Co". A professional corpe	
nter new principal office address, if app		and the state of t	
cipal office address <u>MUST BE A STREE</u>	<u>ET ADDRESS</u>)		
	1		
	1		
Inter new mailing address, if applicable			
inter new mailing address, if applicable Mailing address <u>MAY BE A POST OFF</u> I			
Aailing address <u>MAY BE A POST OFFI</u>	<u></u>	n Florida, enter the name of the	
	registered office address	n Florida, enter the name of the	
Mailing address <u>MAY BE A POST OFFI</u> amending the registered agent and/or the new registered agent and/or the new registered.	registered office address	n Florida, enter the name of the	
Aailing address <u>MAY BE A POST OFFI</u> amending the registered agent and/or	registered office address	n Florida, enter the name of the	
Mailing address <u>MAY BE A POST OFFI</u> amending the registered agent and/or the new registered agent and/or the new registered.	registered office address istered office address:		
Mailing address <u>MAY BE A POST OFFI</u> amending the registered agent and/or the new registered agent and/or the new registered.	registered office address		
Mailing address MAY BE A POST OFFI amending the registered agent and/or sew registered agent and/or the new registered Agent:	registered office address istered office address:	address)	
Mailing address MAY BE A POST OFFI amending the registered agent and/or sew registered agent and/or the new registered Agent:	registered office address istered office address: (Florida street	address), Florida	
Mailing address MAY BE A POST OFFI amending the registered agent and/or sew registered agent and/or the new registered Agent:	registered office address istered office address:	address)	
Mailing address MAY BE A POST OFFI amending the registered agent and/or sew registered agent and/or the new registered Agent:	registered office address: (Florida street of (City)) ing Registered Agent:	address) , Florida (Zip Code)	

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)

Title '	<u>Name</u>	<u>Address</u>	Type of Action
VP	Maria Alvarez	6871 Bird Road Miami, Florida 33155	□ Add ☑ Remove
<u> </u>	 		
	ling or adding additional Articles Iditional sheets, if necessary). (B		
provisio		ge, reclassification, or cancellation on the amendm	

The date of each amendmen	t(s) adoption: June 15, 2011
Effective date <u>if applicable</u> :	June 15, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder act adopted by the incorporators without shareholder action and shareholder
Dated_June Signature (By	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Hilbert Mohabir
	(Typed or printed name of person signing)
	President
	(Title of person signing)