P130000 60993

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	·
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	—
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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OCT 2 3 2017



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Clobal Final CARE CONSUltants INC. DOCUMENT NUMBER: P1300006093
The enclosed Articles of Amendment and fee are submitted for filing. He check included
Please return all correspondence concerning this matter to the following:
Rome MCG/Lum - Berryor Min McG/Land-Ber Name of Contact Person Global Find CAre Consultants Inc. d/G/A Global Cremations of Florida 5851 Holmberg Road, Unit #613 Address Parkland Florida, 33067 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) Or info D Rome being - com For further information concerning this matter, please call: The HAR HURSA
Ronne McCollum-Berry at (957-) 271-001/office Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment

to
Articles of Incorporation

(106Al FINAL CARE CONSUL	tants INC
	rrently filed with the Florida Dant of State)
M30000 6093	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on: NA SAMO The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-N/A SAME
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-N/A SAME
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office and a decomposition of the new registered of t	
Name of New Registered Agent	SAME
, (Flo.	rida street address)
New Registered Office Address: MA	SAM e , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan Signature of	

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.

Examp <u>X</u> Cha		PT	John Doe				
X Ren	nove	<u>v</u>	Mike Jones				
_ <u>X</u> Ad		<u>sv</u>	Sally Smith				
	f Action	<u>Title</u>	Name		<u>Addres</u> s		
			P) MiA	McGllum-E		Holmbery and Floric	Road #6/2
	_Remove President (treasu V.T.)	ver John H	1. H.11 II	 5851 ₁	3: Holabers Ro	3067 pad, #613
3) <u>'X</u>	Add Remove Change Add	nusti T.R.	ee) Rome	M'Cllum Bel	my 5851	Holmbey Jand Fl	Poid#613
	Add Remove Change Add						
5)	Remove Change Add						
6)	Remove Change Add Remove						

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
 		
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: Oct 2, 2017	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) twas/were approved by/the shareholders through voting groups. The following statement must be separately provided for each voting group enrated to vote separately fon the amendment(s) The number of votes east for the amendment(s) was/were sufficient for approval	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required. Dated OCT 2 2017	
Signature Mra McCollen By flower Be	De-Bus_
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Mia McCollum-Berry / Rume MC	Collum-Berry
(Typed or printed name of person signing)	·
Tresident + Treaster	
(Title of person signing)	