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S. TALLENT APR 2 4 2017

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COVER LETTER

TO: Amendment Section

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: Cemetery Solutions, IN DOCUMENT NUMBER: P1500081961
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Douglas A. Christ Name of Contact Person
Firm/Company 2B96 NW Murphy St. Address ACCODIA FL 34266
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Doug Christ at 863 990 - 250 7 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

	of
Cemete	ry Solutions INC.
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P150	100081961
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	<u>. ⊇⊗ ≠</u>
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ÆSS</u>)
	20
C. Futur and malking address if a militarity.	THE PARTY OF THE P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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	¥" 5
	·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
V D	m · · ·
New Registered Office Address:	, Florida (City) (Zip Code)
	()
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the obligations of the position.
Signat	ture of New Registered 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	PT John	<u>Doe</u>			
X Remove	V Mike	Jones			
X Add	SV Sally	Smith			
Type of Action (Check One)	<u>Title</u>	Name	- A	Address	
1) Change	<u>V.P</u>	EdWAr	d R. tonge	R 2596NW1	Murphy St
Add			_	Arcadia, F	
Remove					- -
2) Change	<u>v. P.</u>	Allyson	P. Christ	Archdia, FL	Mumphy &
X Add				Archdia, FL	Q > c t
Remove					- -
3) Change			· · · · · · · · · · · · · · · · · · ·		
Add					_
Remove				·	_
4) Change					
Add					
Remove					_
5) Change				<u> </u>	_
Add			-		_
Remove					_
6) Change					<u>.</u>
Add			_		_
Remove			•		

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

The date of each amendment(s) adoption: date this document was signed.	2/17	1-1	, if other than the	
•	9/17/	,		
Effective date if applicable:	(no more than 90	days after amendmen	t file date)	
	•			
Note: If the date inserted in this block does a document's effective date on the Department of		ble statutory filing re	quirements, this date will not be listed as the	
Adoption of Amendment(s) (CF	IECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		number of votes cast f	for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders througgeroup entitled to vo	gh voting groups. Thote separately on the a	e following statement amendment(s):	
"The number of votes cast for the ame	* *		ıl	
by	ting group)		" "	
(vo.	ting group)			
☐ The amendment(s) was/were adopted by the action was not required.	board of directors w	rithout shareholder ac	tion and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators withou	ut shareholder action	and shareholder	
Dated	7	 .		
0.00	$\lambda (\lambda)$	1 hours	Soci	
Signature (By a director, pre	ident or other officer	r – if directors or office	cers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court				
appointed fiduciary	by that fiduciary)			
<u>_A</u>	Myson	P. 01	Trist	
•	1 yped or printed na	me of person signing)	,	
	Se			
***************************************	(Title of	person signing)		