## P17000068463

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR		rtuary, Inc.	
DOCUMENT NUMI	P17000068463 BER:		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	Robin Crawford		
	Phillip & Wiley Mortuary, Inc	Name of Contact Person	
	310 SR 26	Firm/ Company	
	Melrose, FL 32666	Address	
		City/ State and Zip Code	:
	robin@phillipwiley.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Robin Crawford		678 at (	613-3262
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
<b>\$</b> 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  Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

(Document Number of Corporation (if known) TALL AHASSEE, FL ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment	Phillip & Wiley Mortuary, Inc.		л	
(Document Number of Corporation (if known) CORESTATE  arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation:  If amending name, enter the new name of the corporation:  intility & Sons, The Funeral Directors. Inc.  The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co", a professional corporation name must contain the word chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS  Enter new mailing address MUST BE A STREET ADDRESS   N/A  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  N/A  Name of New Registered Agent  N/A  New Registered Office Address:  Florida  Florida  Florida  Florida	<del></del>	of Corporation as curren	tly filed with the	Florida Deptiof State PH 4: 18
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation:  . If amending name, enter the new name of the corporation: nillip & Sons, The Funeral Directors, Inc.  The new immediate must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  N/A  Name of New Registered Agent  (Florida street address)  N/A  New Registered Office Address:  Florida  Florida	217000068463			AMERICAN COMPARE
Articles of Incorporation:  If amending name, enter the new name of the corporation:  nillip & Sons, The Funeral Directors, Inc.  The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co." A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  N/A  Name of New Registered Agent  (Florida street address)  N/A  New Registered Office Address:  Florida  Florida	· · · · · · · · · · · · · · · · · · ·	(Document Number	of Corporation (if	known) TALE AHASSEE, FL
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Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name N/A	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	<del></del>	_		
Add				
Remove 3) Change				
Add				
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4) Change		<del></del>	·	
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5) Change		_		
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F. If an amendment provide	s for an exchange, reclas	sification, or cancella	tion of issued share	<u>5.</u>
F. If an amendment provide provisions for implemen	ting the amendment if no	ot contained in the an	nendment itself:	
(if not applicable, ind N/A	icale N/A)			
	· · · · · · · · · · · · · · · · · · ·			
			<del></del>	
			···	

	N/A	
The date of each amendment(s) adop	tion:	, if other than the
date this document was signed. August	02, 2021	
Effective date if applicable:		
	(no more than 90 days after t	amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutor tment of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	1 by the incorporators, or board of direct	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice		otes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting g h voting group entitled to vote separate	groups. The following statement ely on the amendment(s):
"The number of votes cast for 3/3 by	he amendment(s) was/were sufficient	for approval
w,	(voting group)	·
selected, by appointed f	or, president or other officer – if director an incorporator – if in the hands of a riduciary by that fiduciary) in L. Crawford	receiver, trustee, or other court
CFC	(Typed or printed name of person)	on signing)

(Title of person signing)