## L10000092669

(F	Requestor's Name)		
	Address)		
	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(i	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

Office Use Only



400253543054

12/16/13--01032--005 \*\*36.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

DEC 2 3 2013

T. BROWN

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

## SUBJECT: Sora Insurance Advisors LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Efrain E Sora

Name of Person

Sora Global Enterprises LLC

Firm/Company

1530 SW 139 Ave

Address

Miami FL 33184

City/State and Zip Code

esora@soraglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Efrain E Sora

**305**,776-8962

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Sora Insurance Advisors, LLC

TASLOGE 16 PA 1:SI (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	ty Company w	vere filed on Sept. 3 2010	and assigned
Florida document number <u>L10000092669</u>	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liabil	ity company here:	
Sora Global Insurance & Consulting L	.LC		
The new name must be distinguishable and end with the "L.L.C."	words "Limite	d Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		Sora Global Enterprises LLC	
(Principal office address MUST BE A STREET ADDRESS)		1530 SW 139 Ave	
		Miami FL 33184	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	ን		
Maning dualess MAT BL AT OST OTTICE BOX	4		
B. If amending the registered agent and/or registered agent and/or the new registered office a			the name of the new
Name of New Registered Agent:	Sora Global Enterprises LLC		
New Registered Office Address: 1	1530 SW 139 Ave		
	Enter Florida street address		
N	/liami	, Florida <u>3</u>	3184
_		City	Zip Code
New Registered Agent's Signature, if changing Registered	tered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registeren Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Efrain E Sora	1530 SW 139 Ave	Add
		Miami FL 33184	Remove
MGR	Sora Global Enterprises LLC	1530 SW 139 Ave	Add
		Miami FL 33184	Remove
			Add
			Remove
			Add Remove
			Add
			Remove
	<del></del>		Add
			Remove

•	on, enter change(s) here: (Attach additional sheets, if necessary.)
The purpose for which	ch this Limited Liability Company is organized is:
Any and all Law	ful Business
Dated Dec 11	2013
Signal	tute of a member
Efrain E Sora	
•	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00