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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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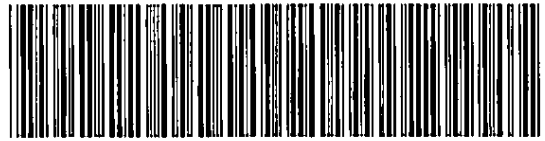
(Business Entity Name)

(Document Number)

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THE LAW OFFICE OF BRIAN P. BUCHERT, P.A.

3249 W. Cypress St., Ste. A
Tampa, Florida 33607

Ph: (813) 434-0570
Fax: (813) 422-7837

November 6, 2018

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

RE: Articles of Amendment for:
Family Owned Funeral Services, LLC
Sorensen Funeral Home, LLC
Sorensen Real Estate Holdings, LLC
Pine Lake Funeral Home and Affordable Cremation Services LLC

Dear Sir / Madam:

Enclosed with this letter, please find Articles of Amendment for the four (4) above-referenced limited liability companies along with my Firm's check in the amount of One Hundred and NO/100 Dollars (\$100.00) to cover the Filing Fees for the Amendments.

Please note that each Amendment has two changes to be made. First, I am the Registered Agent for each entity. My office address has changed to 3249 W. Cypress St., Ste. A, Tampa, FL 33607. Second, Mr. Kyle R. Brizendine has been removed as the Managing Member of all four entities. I am a Member of each entity and have been appointed as the Managing Member of each entity as Mr. Brizendine's replacement.

If you require any other documentation to complete these changes, please do not hesitate to contact me.

Regards,

Brian P. Buchert

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sorensen Funeral Home, 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:

Brian P. Buchert, Esquire

Name of Person

The Law Office of Brian P. Buchert, P.A.

Firm/Company

3249 W. Cypress St., Ste. A

Address

Tampa, FL 33607

City/State and Zip Code

bbuchert@buchertlawoffice.com

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

For further information concerning this matter, please call:

Brian P. Buchert, Esquire

813 434-0570

at (_____) _____

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**

Sorensen Funeral Home, LLC

(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 Company were filed on July 22, 2015 and assigned
Florida document number L15000125270.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOT APPLICABLE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NOT APPLICABLE

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NOT APPLICABLE

★ New Registered Office Address:

3249 W. Cypress St., Ste. A

Enter Florida street address

Tampa

City

Florida 33607

Zip Code

New Registered Agent's Signature, if changing Registered 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 605, 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 Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<input checked="" type="checkbox"/> MGR	Kyle R. Brizendine	3180 30th Avenue North St. Petersburg, FL 33713	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<input checked="" type="checkbox"/> MGR	Brian P. Buchert	3249 W. Cypress St., Ste. A Tampa, FL 33607	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 6 2018


Signature of a member of a

Signature of a member or authorized representative of a member

Brian P. Buchert

Typed or printed name of signee