

L15 000 156240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

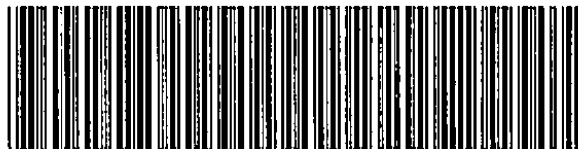
(Business Entity Name)

(Document Number)

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**Registration Section  
Division of Corporations**

ECT: Smith & Sorensen, LLC,  
Name of Limited Liability Company

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

return all correspondence concerning this matter to the following:

Jessica Murphy

Name of Person

Smith &amp; Sorensen, LLC

Firm/Company

426 SW Commerce Drive Ste. 130

Address

Lake City, FL 32025

City/State and Zip Code

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

For further information concerning this matter, please call:

1 M Smith JR. 386 984-0798  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

ed is a check for the following amount:

☐ \$15.00 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 Address:**

**Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303**

TO  
OF  
OF

Smith &amp; Sorensen, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on September 14, 2015 and assigned  
a document number L15000156240

amendment is submitted to amend the following:

**amending name, enter the new name of the limited liability company here:**

w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

· new principal offices address, if applicable:

**Principal office address MUST BE A STREET ADDRESS)**

**new mailing address, if applicable:**

ing address MAY BE A POST OFFICE BOX)

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:

**New Registered Office Address:**

*Enter Florida street address*

Civ

## Florida

Zip Code

**Registered Agent's Signature, if changing Registered Agent:**

by 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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**

**M = Manager**  
**R = Authorized Member**

**R = Authorized Member**

[illegible]

amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

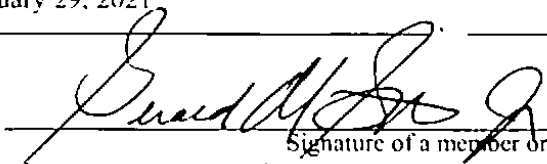
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.

January 29, 2021

ated



Signature of a member or authorized representative of a member

Gerald M Smith, JR.

Typed or printed name of signee