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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:		ration Secti n of Corpo				
SUBJE		e Sorensen	Law Firm, LLC			
SOBJE	C1	<del> </del>	Name of Limi	ited Liability Company		<del></del> _
The enc	losed Ar	ticles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all	correspond	lence concerning this matter	to the following:		
			Jon Sorensen			
				Name of Person	~	<del></del>
			The Sorensen Law Firm			
				Firm/Company		<del></del>
			950 N Krome Ave., Suite I	06		
			-	Address		
			Homestead FL 33030			
				City/State and Zip Code		<del></del>
			jon@sorensenlegal.com E-mail address: (1	to be used for future annual	report notification)	
For furt	her infor	mation con	cerning this matter, please ca	all:		
Jon Sor	ensen			305 75	53-6785	
		Name of P	Person	Area Code	Daytime Telepho	one Number
Enclose	ed is a ch	eck for the	following amount:			
□ S25	5.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address:		Street A	Address:	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SORENSEN LAW FIRM, 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  $\frac{07/08/2016}{1}$ and assigned Florida document number \_\_\_\_\_L16000129391 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE SORENSEN LAW FIRM, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices 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) 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: New Registered Office Address: Enter Florida street address

## 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

. Florida

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change

personal injury, civil litigation, i	insurance disputes and real estate transactions.
The AMBR is a licensed member	er of the Florida Bar.
<del></del> -	
fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department.	ate of filing:
ecord specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
24th day of February	2025
····	

Filing Fee: \$25.00