

LO70001058L3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

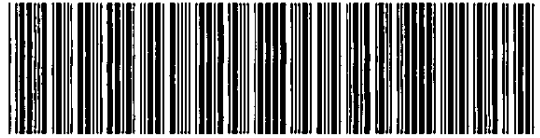
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

S. HAWKES
Adm 18, 2009
EXAMINER

S. HAWKES
SEP 03 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2009

JACKSON L CHARLES
4092 NW 88 AVE UNIT 202
SUNRISE, FL 33351

SUBJECT: A ALL ACTION 24 HOUR BAIL BONDS, LLC
Ref. Number: L07000105813

We have received your document for A ALL ACTION 24 HOUR BAIL BONDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a *member or by the authorized representative of a member.*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 809A00028050

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Action Jackson 24/7 bail bonds
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:

Jackson Louis Charles
Name of Person

Action 24/7 bail bonds
Firm/Company

4092 NW 88 AVE Unit 202
Address

Sunrise, FL 33351
City/State and Zip Code

JacksonLouisCharles@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackson L. Charles at (954) 529-5575
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**

A All Action 24 Hour Bail Bonds, 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 10/17/2007 and assigned
Florida document number L07000105813

This amendment is submitted to amend the following:

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

Action Jackson 24/7 bail bonds LLC

The new name must be distinguishable and end with 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)

521 S. Andrews Ave #13
Fort Lauderdale, FL 33301

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:

Jackson Louis-Charles

New Registered Office Address:

521 S. Andrews Ave #13

Enter Florida street address

Fort Lauderdale, FL
City

Florida

33301
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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

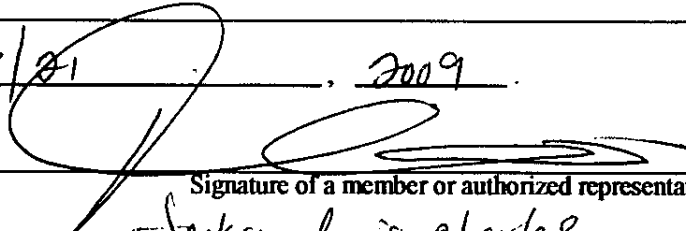
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 8/21, 2009



Signature of a member or authorized representative of a member
Jackson Louis-Charles

Typed or printed name of signee