

L13000148603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

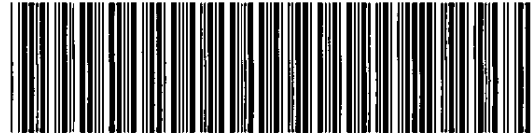
(Business Entity Name)

(Document Number)

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RECEIVED  
13 NOV -5 AM 10:53  
DIVISION OF CORPORATIONS

FILED  
13 NOV -5 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 6 2013

T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 872395 7961724  
AUTHORIZATION : *[Handwritten Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : November 4, 2013  
ORDER TIME : 10:07 AM  
ORDER NO. : 872395-005  
CUSTOMER NO: 7961724

DOMESTIC AMENDMENT FILING

NAME: SHAHEED BAIL BONDS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
13 NOV -5 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SHAHEED 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 10/22/2013 and assigned Florida document number L13000148603.

This amendment is submitted to amend the following:

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

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:**

598 SW 181ST WAY

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

PEMBROKE PINES, FL 33029

**Enter new mailing address, if applicable:**

598 SW 181ST WAY

**(Mailing address MAY BE A POST OFFICE BOX)**

PEMBROKE PINES, FL 33029

**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*

\_\_\_\_\_, **Florida**  
*City* *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.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

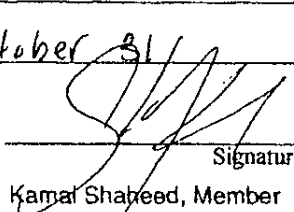
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please amend the member address in Article 5 to read: Kamal Shaheed

598 SW 181st Way

Pembroke Pines, FL 33029

Dated October 31, 2013.



Signature of a member or authorized representative of a member

Kamal Shaheed, Member

Typed or printed name of signee

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Filing Fee: \$25.00