L16000082550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 8/22/16
Spoke to Scott Burdick with new name.

Office Use Only

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07/26/16--01006--005 **60.00

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2016 AUG 19 P 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 25 PM 5:49

S Warren

AUG 22 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2016

SCOTT T. BURDICK
9951 ATLANTIC BLVD. SUITE 213
JACKSONVILLE, FL 32225

SUBJECT: ANKLE MONITOR BAIL BONDS LLC
Ref. Number: L16000082550

We have received your document for ANKLE MONITOR BAIL BONDS LLC and your check(s) totaling $60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L16000027084 A & M BAIL BONDS LLC.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00015660

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Ankle Monitor Bail Bonds 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:

Scott Burdick
Name of Person

Ankle Monitor Bail Bonds LLC
Firm/Company

9951 Atlantic Blvd. Suite 227
Address

Jacksonville, Fl. 32225
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott Burdick at (904) 551-7306
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

Ankle Monitor 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 04/26/2016 and assigned Florida document number L16000082550.

This amendment is submitted to amend the following:

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

~~A.M. Bail Bond LLC~~ AM BAIL LLC

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)

9951 Atlantic Blvd. Suite 227
Jacksonville, FL. 32225

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9951 Atlantic Blvd. Suite 227
Jacksonville, FL. 32225

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 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

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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

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

E. Effective date, if other than the date of filing: 08/03/2016 **(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.*

If the 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 record is filed.

Dated August 3, 2016.

Scott T. Burdick
Signature of a member or authorized representative of a member

Scott T. Burdick
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00