

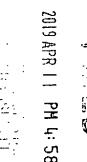
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C. GOLDEN APR 1 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ZONA LONG I	BAIL BONDS INC					
DOCUMENT NUMBER: 609880						
	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
ANGELA K LONG						
	Name of Contact Person					
ZONA LONG BAIL BON	ZONA LONG BAIL BONDS INC					
-	Firm/ Company					
395 W CHURCH STREET						
Address						
BARTOW, FLORIDA 33	830					
	City/ State and Zip Cod	ů				
AKLONG19@YAHOO.COM						
E-mail address: (to be	e used for future annual report	notification)				
For further information concerning this matter, pl	lease call:					
ANGELA K LONG	at (⁸⁶³	de & Daytime Telephone Number				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made	de payable to the Florida Depa	artment of State:				
■ \$35 Filing Fee		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FIED

ZONA LONG BAIL BONDS INC

2019 APR 11 PM 4:58

	irrently filed with the Florida Dept. of State)
609880	- COSEL, FL
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	<u>on:</u>
name must be distinguishable and contain the word "cort	The new poration," "company," or "incorporated" or the abbreviation
	" or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)).
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am far	niliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	V	YVONNE MUSSELWHITE	6034 LAKE RUTH DRIVE W	
X Add			DUNDEE, FLORIDA 33838	
Remove				
2) X Change	т	JOHN M DAVILA	6034 LAKE RUTH DRIVE W	
Add			DUNDEE , FLORIDA 33838	
Remove			<u>, w.</u>	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
NO ADDITIONAL CHANGE				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				
NO CHANGE				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90	days after amendment file date)
Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throw must be separately provided for each voting group entitled to verify the same of the second	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors vaction was not required.	vithout shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators witho action was not required.	ut shareholder action and shareholder
4/1/19	
Dated	
(By a director, president or other office	r - if directors or officers have not been hands of a receiver, trustee, or other court
ANGELA K LONG	
(Typed or printed na	ame of person signing)
PRESIDENT	
(Title of	person signing)