

L05000b9803

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(Document Number)

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**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 APR -8 PM 3:03

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OLD BAILEY, 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:

Bevin G. Ritch Attorney

Name of Person

LAW OFFICE OF BEVIN G. RITCH

Firm/Company

P. O. Box 1025

Address

Gainesville, FL 32602

City/State and Zip Code

bevin@bellsouth.net

E-mail address: (to be used for future annual report notification)

2010 APR -8 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Bevin G. Ritch

Name of Person

at ( 352 ) 376-3201

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**

OLD BAILEY, 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 Nov. 10, 2005 and assigned  
Florida document number L05000109803.

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" the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3507 Oaks Way, #911

Pompano Beach, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3507 Oaks Way, #911

Pompano Beach, FL 33069

**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:

J. H. LONDONO

New Registered Office Address:

3507 Oaks Way, #911, Pompano Beach, FL 33069

*Enter Florida street address*

Pompano Beach, Florida 33069

*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.*

*J. H. LONDONO*  
If Changing Registered Agent, Signature of New Registered Agent

J. H. LONDONO

**MGR = Manager**  
**MGRM = Managing Member**

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APR 3 1963

PH 3:03

Remove

Add

Remove

Add

Remove

(Change of address of Manager)

3507 Oaks Way, #911  
Pompano Beach, FL 33069

Signature of a member or an

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**Filing Fee: \$25.00**