

LO60000114296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

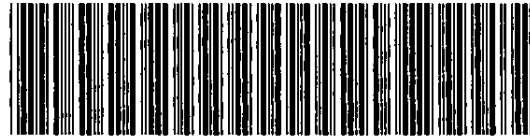
(Business Entity Name)

(Document Number)

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12 AUG - 8 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

D. BRUCE  
AUG 09 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sophia's Bail Bond 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:

Johanna A. Tortosa

Name of Person

Sophia's Bail Bonds LLC

Firm/Company

2150 Fowler Street Suite E

Address

Fort Myers, FL 33901

City/State and Zip Code

junbug711@gmail.com

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

For further information concerning this matter, please call:

Johanna Tortosa

Name of Person

at ( 239 )

699-5847

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

Sophia's Bail Bond 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 11/29/2006 and assigned  
Florida document number L06000114296.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**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:

Johanna A. Tortosa

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>
MGMR	Sophia A. Lewis	2150 Fowler Street Fort Myers, FL 33901	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Johanna A. Tortosa	2150 Fowler Street Fort Myers, FL 33901	<input checked="" 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.)

NEW EIN # 46-0712396 - Please see attached

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TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Dated August 3, 2012

Signature of a member or authorized representative of a member

Johanna A. Tortosa

Typed or printed name of signee



**Department of the Treasury**  
**Internal Revenue Service**  
**Ogden, UT 84201**

In reply refer to: 0443169497  
Aug 03, 2012 LTR 147C  
46-0712396

**SOPHIAS BAIL BOND LLC**  
**JOHANNA ADEL TORTOSA SOLE MBR**  
**3548 NE 22ND AVE**  
**CAPE CORAL FL 33909**

**Taxpayer Identification Number: 46-0712396**

**Form(s):**

**Dear Taxpayer:**

**This letter is in response to your telephone inquiry of August 3rd, 2012.**

**Your Employer Identification Number (EIN) is 46-0712396. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.**

**If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.**

**Sincerely,**

**Darren Colwell**  
**0739691**  
**Customer Service Representative**