

LD70000042296

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(Address)

(Address)

(City/State/Zip/Phone #)

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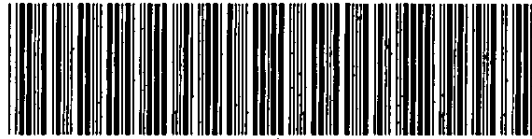
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**L. SELLERS**

JUN 24 2008

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUN 20 PM 1:16

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BUST-me-OUT Bail BONDS L.L.C.  
(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:

Robert Linares  
(Name of Person)

BUST-ME-OUT BAIL BONDS  
(Firm/Company)

7550 Mission Hills Drive STE 306  
(Address)

Naples FL 34119  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Linares at (305) 216-1616  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 4/20/2007 and assigned  
Florida document number LO7000042296.

This amendment is submitted to amend the following:

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

BUST-ME-OUT BAIL BONDS L.L.C.

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)

2663 Airport Rd South  
Court Plaza STE D102  
Naples, FL 34112

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7550 Mission Hills Drive  
STE 306 PMB #100  
Naples, FL 34119

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:

2663 Airport Rd South Court Plaza  
STE D102 (Enter Florida street address)

Naples, Florida 34112  
(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>
MGR	CINDY LINARES	7550 Mission Hills Drive STE 306 PMB 100 Naples, FL 34119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROBERT LINARES	2663 Airport RD South Court plaza STE D102 Naples, FL 34112	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 18 June, 2008

Robert Linares

Signature of a member or authorized representative of a member

ROBERT LINARES

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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