10000105813

(Re	equestor's Name)
(Add	dress)
(Add	dress)
•	,
(City	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Dod	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
	Office Use Only



900157973519

08/17/09--01011--012 **25.00

FILED

09 SEP -2 PMI2: 37

SECRETARY OF STATE

S. HAWKES
AGGURIANDS
EXAMINER

S. HAWKES

SEP 0 8 2009

EXAMINER



August 18, 2009

JACKSON L CHARLES 4092 NW 88 AVE UNIT 202 SUNRISE, FL 33351

SUBJECT: A ALL ACTION 24 HOUR BAIL BONDS, LLC

Ref. Number: L07000105813

We have received your document for A ALL ACTION 24 HOUR BAIL BONDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6955.

Letter Number: 809A00028050

Suzanne Hawkes Regulatory Specialist II

Division of Corporations P.O. ROY 6397 Tollahoggo, Florida 20214

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Action Jackson 34/7 bail bonds 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:
OACKSON LOUIS Charles Name of Person
A 1' Auto 1'11 de
Action 34/1 Day Vonds Firm/Company
4092 NW 88 AVE Unit 202
Sunvise, Fo. 3335) City/State and Zip Code
Sackbour Jackbou @ 49hno. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jackson L. Charles at (954), 529-5575
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certificate of Status S55.00 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

A All Action 24 Hour 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	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Action JACKSON 24/7 BAIL bonds LLC	~;
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" ("L.L.C."	or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Fort Lauderdale, Fr. 3330	¥13
(Principal office address MUST BE A STREET ADDRESS) Fort Landerdale, Fr. 3330	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the na registered agent and/or the new registered office address here:	ame of the new
Name of New Registered Agent: Jackson Louis-Charles	
New Registered Office Address: 52/5. Andrews Ave # 13 Enter Florida street address	
Fort Landerdale, FL Florida 33.	30 Code
New Registered Agent's Signature, if changing Registered Agent:	Coae

If Changing Registered Agent, Signature of New 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, Lhereby confirm that the limited liability

company has been notified in writing of this change.

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:

		Address	Type of Ac
	.		Add Remove
•			
			Add Remove
,			
			Add Remove
	·	According to the control of the cont	
			Pamara
			∏Add
_			Remove
<u>. </u>			Add
			Remove
mending any ot	her information, enter cha	ange(s) here: (Attach additional sheets	s, if necessary.)
,			
·			
8/2/		Doo 9	

Page 2 of 2

Filing Fee: \$25.00