NO8000099169

(Red	uestor's Name)	
(Add	ress)	
(Ada	fress)	
(Auc	11053)	
(City	//State/Zip/Phon	e #)
☐ PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne) .
(Doc	cument Number)	
(200	ourners (Namber)	
Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer:	
	g	
		j

Office Use Only



400162485404

11/30/09--01006--016 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA 2009 NOV 30 PM 1: 1

M. THOMAS

DEC -1 2009

EXAMINER

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

	ation Section n of Corporations		•
SUBJECT:	BAIL MU	ILTI MEDIA, LLC.	
	Name of Lin	nited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
		Charles Faibisch	
		Name of Person	
Bail Multi Media, LLC.			
		Firm/Company	
		1000 NW 14th Street	
		Address	
		Miami, FL 33136	
		City/State and Zip Code	
	F	paul@bailbonds.com (to be used for future annual report notification	TALE ZEB
For further infor	mation concerning this matter, please	•	TALLAHASSET, FLORI
	Paul Ritchie	at (305) 381	-7072 SET 0 T
	Name of Person	Area Code & Daytime Tele	phone Number
Enclosed is a che	eck for the following amount:		TE NOA
\$25.00 Filing	Fee \$30.00 Filing Fee & 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	STREET/COURIER A Registration Section Division of Corporations	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Bail Multi Media, LLC.		
(<u>Name of the Limite</u> (<u>d Liability Company as it now appea</u> A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	10/21/2008	and assigned
Florida document number L0800009	99169		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	·	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli			
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			2009 NOV
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>
			30 AR ASS
			E P
B. If amending the registered agent and		our records, <u>enter</u>	the name of the nev
registered agent and/or the new registered of	onice address nere;		ORICE TATE
	CHARLES FAIRISCH		₽ œ
Name of New Registered Agent:	CHARLES FAIBISCH		
New Registered Office Address:	1000 NW 14th Street		
	Ex	iter Florida street add	dress
	Miami	, Florida	33136
	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 confirmation 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>	Name	Address	Type of Action			
MGRM_	Douglas Aabbott	1000 NW 14th Street Miami, EL 33136	Add _☑ Remove			
MGRM_	Charles Faibisch	1000 NW 14th Street Miami, FL 33136	✓ Add □ Remove			
			Add Remove			
			Add Remove			
		SECRETAR FALLAHASSET	Hadd Hemove			
		77.0	Add Remove			
D. If amendii	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_			
			- -			
 Dated	November 24 , 2009	9	_			
_	4	SHOW!				
	Doi	authorized representative of a member uglas Aabbott				
•	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00