

108 000116639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

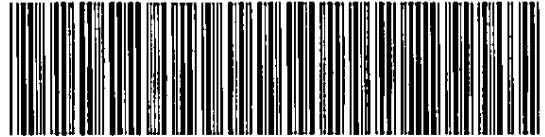
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/29/19--01018--005 \*\*100.00

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19 MAY 17 AM 8:44  
HALL COUNTY CLERK

O SIMMONS

MAY 21 2019

the LLC you have submitted the incorrect forms

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Stacy Prather  
Regulatory Specialist III Letter Number: 119A00009288

[www.sunbiz.org](http://www.sunbiz.org)  
Division of Corporations - P.O. BOX 6327 Tallahassee, Florida  
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 4. EVENTS, 5. NOTES  
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST  
ENTER SELECTION AND CR:

**RECEIVED**

**MAY 17 2019**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BUDS BAIL BONDS 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:

BUD BREININGER

Name of Person

BUDS BAIL BONDS

Firm/Company

2245 RINGLING BLVD

Address

SARASOTA, FL 34237

City/State and Zip Code

PATTI@BUDSBAILBONDS.COM

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

For further information concerning this matter, please call:

PATRICIA BREININGER

941 923-2663

Name of Person

at ( )

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)

☒ - Payment previously sent - We have a credit - Filed wrong form

### 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**

**BUDS 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 12/24/08 and assigned  
Florida document number L08000116639.

This amendment is submitted to amend the following:

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

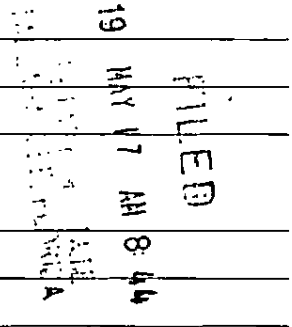
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)



**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:

*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PATRICIA BREININGER	2245 RINGLING BLVD	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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19  
MAY 17 AM 8:46  
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FLORIDA

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19  
FBI  
ALBANY


FILED  
MAY 17 AM 8:44  
19

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Y 10 \_\_\_\_\_ 2018 \_\_\_\_\_

 \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee