

L09000015139

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JAN 20 2010

EXAMINER



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01/19/10--01061--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 19 AM 9:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGINADANTE, 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:

REGINA DANTE

Name of Person

24 HOUR BROWARD BAIL BONDS

Firm/Company

600 SW 4TH AVE., SUITE #103

Address

FORT LAUDERDALE, FLA 33315

City/State and Zip Code

BROWARDBAIL@AIM.COM

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

For further information concerning this matter, please call:

REGINA DANTE

Name of Person

at (305)

725-1054

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ ~~\$30.00~~ Filing Fee &
Certificate of Status

35.00

☐ \$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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 19 AM 9:55

REGINADANTE, 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 02/13/2009 and assigned
Florida document number L09000015139.

This amendment is submitted to amend the following:

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

24 HOUR BROWARD BAIL BONDS, LLC

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)

600 SW 4TH AVE., SUITE# 103

FORT LAUDERDALE, FL 33315

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 SW 4TH AVE., SUITE# 103

FORT LAUDERDALE, FL 33315

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:

REGINA DANTE

New Registered Office Address:

600 SW 4TH AVE., SUITE# 103

Enter Florida street address

FOR LAUDERDALE

, Florida

33315

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

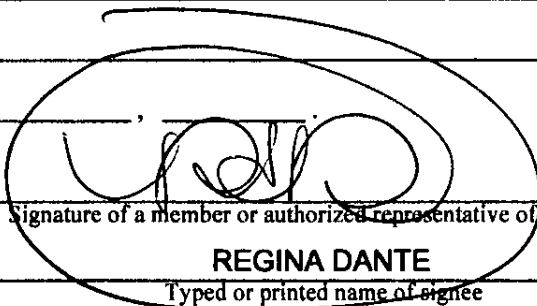
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REGINA DANTE	600 SW 4TH AVE., SUITE# 103 FORT LAUDERDALE, FL 33315	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member
REGINA DANTE

Typed or printed name of signee