

LD9000022630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

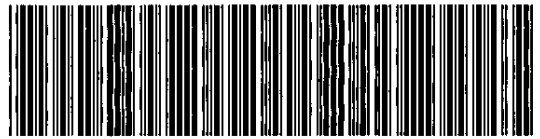
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100173835131

04/05/10--01010--015 \*\*25.00

FILED  
10 APR 15 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. ~~Colson~~ APR 15 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALL OUT AMERICAN 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:

**WILLIAM M. BROWER**

Name of Person

**EXODUS BAIL BONDS**

Firm/Company

**3700 ULMERTON RD # 201**

Address

**CLEARWATER FL.33716**

City/State and Zip Code

**billy\_brower2003@yahoo.com**

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

For further information concerning this matter, please call:

**WILLIAM M.BROWER**

Name of Person

at ( **813** )

**775-8766**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2010

WILLIAM M. BROWER  
3700 ULMERTON ROAD #201  
CLEARWATER, FL 33716

SUBJECT: ALL OUT AMERICAN BAIL BONDS L.L.C  
Ref. Number: L09000022630

We have received your document for ALL OUT AMERICAN BAIL BONDS L.L.C 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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 710A00008417

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

10 APR 15 PM 4:16

ALL OUT AMERICAN BAIL BONDS L.L.C

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/09/10 and assigned  
Florida document number L09000022630.

This amendment is submitted to amend the following:

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

EZODUS 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:

3700 ULMERTON RD #201

(Principal office address MUST BE A STREET ADDRESS)

CLEARWATER FL.33716

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:

G. M. R

New Registered Office Address:

3700 ULMERTON RD #201

Enter Florida street address

TAMPA

City

Florida

33716

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.

G. M. R

If Changing Registered Agent, Signature of New Registered Agent

Same 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>
MGRM	PAUL FOSTER	4410 ORIENT RD TAMPA FL 33610	<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.)

NEW TAX I.D # 27-2213001

FILED  
10 APR 15 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

WILLIAM M. BROWER  
Typed or printed name of signee