

LD9000049466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2009 JUL 14 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUL 15 2009  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Absolut 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:

Jeanette Cain  
Name of Person  
Absolut Bail Bonds LLC  
Firm/Company  
400 West Atlantic Ave  
Address  
Delray Beach FL 33444  
City/State and Zip Code  
Dccc@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanette Cain at 772 240-4061  
Name of Person 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)

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

2009 JUL 14 AM 11:04

Absolut Bail Bonds LLC

(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 6-1-09 and assigned

Florida document number L09000049466 Employer ID number

27-0216417

This amendment is submitted to amend the following:

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

Absolut 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)

200 West Atlantic AVE  
Delray Beach FL 33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Courtney C Cain

New Registered Office Address:

2812 S.W. Giralda St

Enter Florida street address

Port St Lucie

City

Florida 34953

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

Title	Name	Address	Type of Action
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MGR	Jeanette Cain	2812 S.W. Giralda St Port St Lucie FL 34953	<input type="checkbox"/> Stay
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MGRM	Trellanic Bray	931 1/2 West Palm Beach	<input checked="" type="checkbox"/> Remove
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MGRM	Courtney Cain	2812 S.W. Giralda St Port St Lucie FL 34953	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<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

Jeanette Cain

Typed or printed name of signee

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