L10000112980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2014
D. BRUCE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2014

JACQUELINE HILL
523 S. ANDREWS AVE
FORT LAUDERDALE, FL 33301

SUBJECT: AROUND THE CLOCK BAIL BONDS LLC
Ref. Number: L10000112980

We have received your document for AROUND THE CLOCK BAIL BONDS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C." "LC.," "Ltd.," and "Co."

The document number of the name conflict is L11000118079.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 814A00015005

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Around the Clock 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:

Jacqueline Hill
Name of Person

Around the Clock Bail Bonds
Firm/Company

523 Sanders Ave
Address

Fort Lauderdale FL 33312
City/State and Zip Code

HillCorp@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Hill at (954) 801-2245
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- [x] $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

TO
ARTICLES OF ORGANIZATION
OF

Around the Clock 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 OCT 25 2010 and assigned Florida document number L10000112980

This amendment is submitted to amend the following:

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

Hill Group Enterprise 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2443 Okeechobee LN
Fort Lauderdale FL 33312

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*

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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

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7/1/14, _____.

Signature of a member or authorized representative of a member

Jacqueline Z Hill
Typed or printed name of signee

Filing Fee: $25.00

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TALLAHASSEE, FLORIDA