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(Requestor's Name) (Address) (Address)	000273371950
(City/State/Zip/Phone #)	03/16/1601018026 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2018 MAR 15 P 3 50 SECRETARY OF STATE TALLYAHASSEE, FLORIDA
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2016

JACQUELINE HILL 3473 RIVERLAND ROAD FT LAUDERDALE, FL 33312

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

We have received your document for AROUND THE CLOCK BAIL BONDS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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: 316A00004401 AA

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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TO: Registration Sect Division of Corpo	ion prations			
subject:	Dund the (Name of Limi	LOLC BALE	zonds .	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	_ Taque	Name of Person		
	CRB	LLC Firm/Company		
	3473 RW	er and Road.		2016 FEB
	FOAL	<u>AUDOVAALO</u> City/State and Zip Code	5 33312	EB 29 PH 5
	E-mail address: (1	SailBonds Qu	moul. Con	5:21
For further information con	ncerning this matter, please ca	all:	TAL	2016
- Equel	ne Hill	at (<u>194_)</u>	12-999	
Name of 1	Person	Area Code Da	aytime Telephone Number	
Enclosed is a check for the	following amount:		-ORI	w U
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified C	of Status &

MAILING ADDRESS:

-

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

, ARTICLES OF C	AMENDMENT O DRGANIZATION DF	· .
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10 28 20	D and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3473 Riverland Fort Lauderdal	Rond e. Fi 33312
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		
Name of New Registered Agent:	Enter Florida street address	<u> </u>
	, Florida	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

۰,

\$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	CRBLLC	3473 Riverland Roa Fortlaucherchale FL-333	Add Remove
			Change
MGR	Roger Zweifel	523 S. Anolews Arc	Add
		Francierdale, FL373	DERemove
			Change
MER	Jaqueline Hill	3473 Riverburd Room FOATOUDEVIDATEFE33	
		fur auch mich up	S □ Remove
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E. Effective date, if other than the date of filing: _______(optional) (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) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated	Feb 26, 16
	(DAT MATLE)
	Signature of a memoer or authorized representative of a member
	backnohne Hill
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00