

L11000144471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

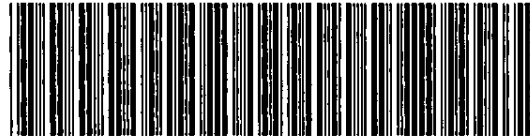
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE

01/01/12



000242398650

12/10/12--01025--015 **55.00

APPROVED
AND
FILED

12 DEC 10 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 12 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nicks Bailbonds 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:

Nicklaus Adam

Name of Person

Continental Assurance Group L.L.C.

Firm/Company

1399 NW 17 Avenue, Suite 302D

Address

Miami, Florida 33125

City/State and Zip Code

NicklausAdam@live.com

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

For further information concerning this matter, please call:

Nicklaus Adam

Name of Person

305 545-0515

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

12 DEC 10 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NICKS BAILBONDS L.L.C.

(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 12/28/2011 and assigned
Florida document number L11000144471.

This amendment is submitted to amend the following:

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

CONTINENTAL ASSURANCE GROUP 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:

(Principal office address MUST BE A STREET ADDRESS)

1399 NW 17th Avenue

Suite 302D

Miami, Florida 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1399 NW 17th Avenue

Suite 302D

Miami, Florida 33125

APPROVED
AND
FILED
12 DEC 10 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Shari Richman-Adam

New Registered Office Address:

1399 NW 17th Avenue, Suite 302D

Enter Florida street address

Miami

Florida 33125

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

EFFECTIVE DATE 01/01/12

MGR = Manager
MGRM = Managing Member

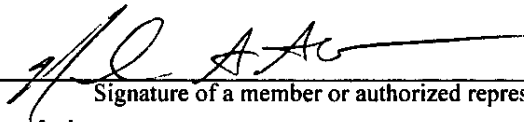
☐ Add
☒ Remove
12 DEC 10 AM 9:39
☐ Add
☒ Remove

APPROVED
AND
FILED

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

The effective date of this amendment is 01/01/2013.

Dated December 7, 2012.



Signature of a member or authorized representative of a member

Nicklaus Adam

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

APPROVED
AND
FILED
12 DEC 10 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA