| (Re                     | equestor's Name)   |             |
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| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
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# **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: 24 hour ASAP BAU Bonds  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:  |
| Cynthia Pacfitt Name of Person   |
| 24 hour ASAP Bau Bonds, LLC Firm/Company   |
| 540 S.E 6th st. Address  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Cyrothia Parfitt at 954 295-5757  Name of Person at OS4 Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

| Name of the Limited Liability Compa   | 1 Bonds, C                              | C C                                     |  |  |
|---|---|---|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited )  | Liability Company)                      | Leorusi,                                |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1300003698</u>                    | were filed on 22                        | 2013 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   | lity Company," the designation          | "LLC" or the abbreviation "L.L.C."      |  |  |
| Enter new principal offices address, if applicable:   | 540 SE                                  | coth st                                 |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | F4 laude                                | dule, FU 33301                          |  |  |
|   | *************************************** |   |  |  |
|   | 8/10 6 6                                | 1 th a1                                 |  |  |
| Enter new mailing address, if applicable:   | 540 S.E                                 | dolo E ma                               |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | et. Cavoera                             | 1088E 77, AM                            |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her        |   | cords, <u>enter the name of the new</u> |  |  |
| Name of New Registered Agent:   | <del></del>                             |   |  |  |
| New Registered Office Address:  |   |   |  |  |
|   | Enter Florida street address            |   |  |  |
|   | , Florida                               |   |  |  |
| N. B. L. M. M. C. M.  | City                                    | Zip Code                                |  |  |
| New Registered Agent's Signature, if changing Registered Agent:   |   |   |  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete |   |   |  |  |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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:

MGR = Manager

AMBR = Authorized Member

Title <u>Name</u> **Address** Type of Action Monica Mctrocy 540.S.E. 6th St Add

F4. laudordale Fr 3330 Remove ☐ Change □ Add ☐ Remove Change \_ ☐ Add ☐ ☐ □ Remove م ☐ Change

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| ctive d                                    | ate, if other th   | nan the date   | of filing:   | t be prior to date of f                        | iling or more than 9                        | 0 days after filin                     | g.) Pursuai  | nt to 605.02                |
| effective<br><u>e:</u> If the              | date is listed, the date inserted in                                 | date must be sp<br>n this block do   | ecific and canno<br>oes not meet th                      | t be prior to date of fine applicable statut   | iling or more than 9<br>cory filing require | 0 days after filin                     | g.) Pursuai  | nt to 605.02<br>t be listed |
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