# LI3000/48603

| (Requestor's Name)                      |  |  |  |  |
|-----------------------------------------|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|                                         |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|                                         |  |  |  |  |
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Office Use Only



RECEIVED 13 NOV -5 ANID: 53 NV:SION OF CERTURATES

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FILED 13 NOV -5 AH 9: 51 SECRETART OF STATE FALLAHASSEE, FLORIDA

NOV - 6 2013 T. BROWN

| CSC .                                  | e te a           | i<br>N | •          |         |  |
|----------------------------------------|------------------|--------|------------|---------|--|
| CORPORA <sup>®</sup> ON SERVICE COMPAN | Y'               |        |            |         |  |
|                                        | ACCOUNT NO.      | :      | 1200000001 | .95     |  |
|                                        | REFERENCE        | :      | 872395     | 7961724 |  |
|                                        | AUTHORIZATION    | :      | A A A      |         |  |
|                                        | COST LIMIT       | :      | \$ 25.00   | Tala    |  |
| ORDER DATE :                           | November 4, 2013 |        |            |         |  |
| ORDER TIME :                           | 10:07 AM         |        |            |         |  |
| ORDER NO. :                            | 872395-005       |        |            |         |  |
| CUSTOMER NO:                           | 7961724          |        |            |         |  |
|                                        |                  |        |            |         |  |

## DOMESTIC AMENDMENT FILING

NAME: SHAHEED BAIL BONDS, LLC

# EFFECTIVE DATE:

XX \_\_\_\_ ARTICLES OF AMENDMENT \_\_\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 13 NOV -5 AM 9:51 SECRETARY OF STATE ATT AHASSFE, FI DRIDA

SHAHEED BAIL BONDS, LLC

**،** ا

(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 <u>10/22/2013</u> and assigned Florida document number <u>L13000148603</u>.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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) 598 SW 181ST WAY

PEMBROKE PINES, FL 33029

598 SW 181ST WAY

PEMBROKE PINES, FL 33029

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 Fl | orida street address |
|                                |          | , Florida            |
|                                | 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

Page 1 of 3

#### 

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

### MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name  | Address | Type of Action |
|--------------|-------|---------|----------------|
|              |       |         | Add            |
|              |       |         | Remove         |
|              |       |         | Add            |
|              |       |         |                |
|              |       | <u></u> | -              |
|              |       |         | Add            |
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|              |       |         | Add            |
|              |       |         |                |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please amend the member address in Article 5 to read: Kamal Shaheed

598 SW 181st Way

Pembroke Pines, FL 33029

Dated October 2013 .

Signature of a member or authorized representative of a member

Kamal Shabeed, Member

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. . . .

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00