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CT	D IECT.		NES BAIL BONDS LLC		
SU	BJECT	<u></u>	Name of Limi	ited Liability Company	
Th	e enclose	ed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Ple	ease retur	n all corresp	condence concerning this matter	to the following:	
			YVETTE A. JONES		
				Name of Person	
			WILL JONES BAIL BON	DS LLC	
				Firm/Company	
			211 NORTH 6TH STREET	T STE B	•
				Address	
			PALATKA FL 32177		
				City/State and Zip Code	
			jonesbailbonds@hotmail.co		
			E-mail address: (1	to be used for future annual report notif	ication)
Fo	r further	information	concerning this matter, please ca	all:	
Y	VETTE A	A. JONES		386 937-5181	
		Name	of Person	at () Area Code Daytime	Telephone Number
En	closed is	a check for	the following amount:		
	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILL JONES BAIL BONDS LLC			
(Name of the Lim	ited Liability Company as it now an (A Florida Limited Liability Compa	pears on our records. ny)	
The Articles of Organization for this Limited I Florida document number L13000161759	Liability Company were filed or	NOVEMBER 18, 2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		3
		e/o .‡>	<
nter new mailing address, if applicable:		rn	л " - ПП -
<u>Mailing address MAY BE A POST OFFICE</u>	E BOX)	prosent of the	
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B. If amending the registered agent and egistered agent and/or the new registered of the new registered of the new registered.		on our records, enter t	he name of the
DELICION WESTER WAREN ON THIS HOUT TO LEGISLATED	Allee additess liefe.		
Name of New Registered Agent:	YVETTE A. JONES		
New Registered Office Address:			
	Enter	Florida 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 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.

hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLIE L. JONES	PO BOX 1511	□ Add
		PALATKA FL 32178-1511	■ Remove
			☐ Change
		•	
			Remove
			☐ Change
		 	Add
			□ Remove
		SSEC FERRING FOR STATE OF STAT	-5 - DW
			□ Change
		- transmission - tran	Add
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			☐ Change

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	No.
tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable st	of filing or more than 90 days after filing.) Pursuant to 6
ment's effective date on the Department of State's records.	manus, mis auto vin not be i
ecord specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the ear
e 90th day after the record is filed.	
2011	
1 04/27/2015, Vetto a, Some Signature of a member or authorized r	
/'/ /	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00