## L14 0000193521

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	<i>‡</i> )
PICK-UP WAIT	MAIL
(Business Entity Name	<u>)</u>
(Document Number)	
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## COVER LETTER

TO: Registration ! Division of Co			
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SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
	Larissa Lee		
		Name of Person	<del></del>
	n/a		
		Firm/Company	
	4549 Tamiami Trail Unit a	1	
		Address	
	Port Charlotte, F1, 33980		
	larissablanco77@gmail.com		
		to be used for future annual report note	fication)
For further information	concerning this matter, please c	alf:	
Larissa Lee		941 288-1193 at()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy  (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & G Certified Copy R (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee  Street, Suite 810



AAA Bundy's Bail Bonds LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Liability Company)	<del></del>		
The Articles of Organization for this Limited Florida document number L14000193521	Liability Company were filed on $\frac{12}{2}$	2/19/2014	and a	ssigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company h	ere:		
The 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 appl	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			••
			~	Ø
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our i	records, <u>enter the name</u>		
agent and of the new registered white addr	cas nere.		MAR	<u>-</u>
Name of New Registered Agent:	Larissa Lee		25	*
New Registered Office Address:	4549 Tamiami Trail, Unit A		D	
		rida street address	_ <u></u>	
	Port Charlotte	, Florida 3398	⊕ <b>2</b>	
			Zip Cod	·
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of thi	per and complete performance of sistered agent as provided for in ( registered office address, I here	(my duties, and I am fa Chapter 605, F.S. Or, ij by confirm that the limi	miliar w f this doc ited liab	ith and cument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address or corremoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adam A Honeycutt	25312 Marion Ave	□ Add
		Punta Gorda, FL 33950	
			□ Change
MGR	Larissa Lee	4549 Tamiami Trail Unit A	■Add
		Port Charlotte, FL 33980	□Remove
AMBR	Samantha Corwin	3914 Pebble Brooks Circle S	■Add
		Orange Park, FL 32065	□Rei
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Filing Fee: \$25.00