

L16000014733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

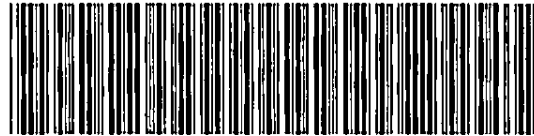
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE FILING OFFICE
DIVISION OF CORPORATION
18 SEP 28 AM 11:45

N COOPER
OCT 01 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pirate Style Bailbonds, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shari Richman-Adam

Name of Person

Pirate Style Bailbonds, LLC

Firm/Company

705 Pondella Road, Unit E

Address

North Fort Myers, Florida 33903

City/State and Zip Code

Shari@PirateStyleBailbonds.com

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

For further information concerning this matter, please call:

Shari Richman-Adam

239

321-5434

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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**

Pirate Style Bailbonds, LLC

(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 1/21/2016 and assigned
Florida document number L16000014733.

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 contain 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)

705 Pondella Road

Unit E

North Fort Myers, Florida 33903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O Box 2697

Fort Myers, Florida 33902

18 SEP 28 AM 11:45

SECTION 605.01
DIVISION OF CORPORATE
AND FINANCIAL SERVICES

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:

705 Pondella Road, Unit E

Enter Florida street address

North Fort Myers


Florida 33903

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.


If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicklaus Adam	705 Pondella Road, Unit E	<input type="checkbox"/> Add
		N. Ft. Myers, Florida 33903	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Shari Richman-Adam	705 Pondella Road, Unit E	<input type="checkbox"/> Add
		N. Ft. Myers, Florida 33903	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

18 SEP 28 AM 11:45

SECRETARY OF DEFENSE
DIVISION OF PERSONNEL
18 SEP 28 AM 1:45

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 27 2019

Shari Richman-Adam

Page 3 of 3

Filing Fee: \$25.00