# 1/600/22507

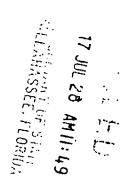
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### **COVER LETTER**

TO:	Registration Se Division of Cor			
arin II	#1st Coast I	Bail Bonds & Surety LLC		
SORTI	ECT:	Name of Lim	ited Liability Company	······································
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Alfonzo G. Dillard		
			Name of Person	···
#1st Coast Bail Bonds & Surety LLC				
		<del> </del>	Firm/Company	·
	1635 S. Ridgewood Ave. Suite 105			
			Address	
South Daytona, Florida. 32119				
			City/State and Zip Code	
		jailfreedom@gmail.com		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Alfona	zo Dillard		386 603-1213	
	Name o	f Person	at ()	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 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

### **COVER LETTER**

TO: Registration So Division of Cor			
#1st Coast	Bail Bonds & Surety LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alfonzo G. Dillard		
		Name of Person	
	#1st Coast Bail Bonds & S	urety LLC	
		Firm/Company	
	1635 S. Ridgewood Ave. S	Suite 105	
	<del> </del>	Address	
	South Daytona, Florida, 32	:119	
		City/State and Zip Code	
	jailfreedom@gmail.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Alfonzo Dillard		386 603-1213 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#1st Coast Bail Bonds & Surety 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 6/27/2016 and assigned Florida document number L16000122507 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ###1213 @ 1st Coast Bail Bonds LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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) 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 Florida street address , Florida

#### 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 mv 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zio Code

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>	Name	Address	Type of Action
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			☐ Change
			□ Remove
			☐ Change
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e: If the date inserted in this l	e date of filing:  ast be specific and cannot be prior to date of filing or  clock does not meet the applicable statutory file  Department of State's records.	(options r more than 90 days after fill ling requirements, this da	ng.) Pursuant to	o 605.02 : listed
record specifies a delayene 90th day after the re	ed effective date, but not an effective cord is filed.	e time, at 12:01 a.n	n. on the e	arlier
ed July 27	2017			
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