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(Danuariada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

	istration Se ision of Cor					
SUBJECT:	Mary Bonding,LLC					
SOME TO THE		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Gary Pierro				
			Name of Person			
		Mary's Bonding Agency, I	LC			
			Firm/Company			
		13710 49th Street N				
			Address	<del></del>		
		Clearwater, FL 33762				
			City/State and Zip Code			
		jamesbondsmen007@gmail				
		·	to be used for future annual report notific	cation)		
For further in	nformation co	oncerning this matter, please ca	all:			
Courtney Tr	ipp		860 6704-4788			
	Name of	Person		Telephone Number		
Enclosed is	a check for th	e following amount:				
□ \$25.00 F	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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 800287794708.	were filed on July 11,2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Mary's Bail Bonding Agency, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13710 49th Street N
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33762
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	13710 49th Street N Cleareater, FL 33762
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	
	Florida A. F.
**************************************	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>	Address	Type of Action
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			□ Change
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ective date, if other than effective date is listed, the date e: If the date inserted in the ument's effective date on the	e must be specific and is block does not r	d cannot be prior to neet the applical	date of filing or ble statutory fili	more than 90 days a ng requirements,	fter filing.)	Pursuan vill not	t to 605.0 be listed
record specifies a dela ne 90th day after the			an effective	time, at 12:0:	1 a.m. o	n the	earlier
ed July 18		, 2016	•				
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Filing Fee: \$25.00