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| (Re                     | equestor's Name)   |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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# **COVER LETTER**

| SUBJECT: Block Is Hot Bail Bonds LLC Name of Limited Liability Company   |
|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Michael Blocker<br>Name of Person  |
| Block Is Hot Bail Bonds LLC  |
| 758 Sherwood Terrace Drive #110  |
| Drlando, FL 32818 City/State and Zip Code  |
| Michaelblockerlo 70 amail. Com E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Michael Blocker at (401) 860 - 0368  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  \$\sum_{25.00}\$ \text{Filing Fee}  \\$30.00 \text{Filing Fee} &  \\$55.00 \text{Filing Fee} &  \\$60.00 \text{Filing Fee}, |
| Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status &  Certified Copy  (additional copy is enclosed)                               |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

|  | City   |                          | Zip Code         |                           |
|--|--|--------------------------|------------------|---------------------------|
|  |  | . Florida                |                  |                           |
| New Registered Office Address:                           | Enter Florida stre   | et address               |                  |                           |
| Name of New Registered Agent:                            |  |                          |                  |                           |
|  |  |                          |                  |                           |
| registered agent and/or the new registered office        |  | records, enter the       | _name of th      | ie iiew                   |
| B. If amending the registered agent and/or               | registered office address on our   | records enter the        | Name of the      | ho nou                    |
|  | <del></del>  |                          |                  | <u></u>                   |
| (Mailing address MAY BE A POST OFFICE BO                 | <u>OX)</u>   |                          |                  |                           |
| Enter new mailing address, if applicable:                |  |                          |                  | instruction<br>wearnisted |
|  | <u></u>  |                          | JAN<br>SERV      |                           |
| (Principal office address MUST BE A STREET               | ADDRESS)   |                          | Wildle           |                           |
| Enter new principal offices address, if applicat         | ble:   |                          |                  |                           |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Company," the designat                                      | tion "LLC" or the abbrev | viation "L.L.C." |                           |
| The in amonating name, enter the new name of t           | me minted habinty company nere.  |                          |                  |                           |
| A. If amending name, enter the new name of t             |  |                          |                  |                           |
| This amendment is submitted to amend the follow          | wing:  |                          |                  |                           |
| Florida document number <u>L16 000 23</u>                | · · · · · · · · · · · · · · · · · · ·  |                          | - 0              |                           |
| The Articles of Organization for this Limited Lial       | bility Company were filed on 12/2  | 21/2016                  | and assigne      | :d                        |
| (Name of the Limited                                     | d Liability Company as it now appears on o<br>A Florida Limited Liability Company) | ur records.)             |                  |                           |
| DIDCH IS HOT D   | ail bonds LLC  | <u> </u>                 | · <del>-</del> · |                           |

### New Registered Agent's Signature, if changing Registered Agent:

DL VI

11-10

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 = M $AMBR = A$ | lanager<br>uthorized Member |        |             |             |         |  |            |
|--------------------|-----------------------------|--------|-------------|-------------|---------|--|------------|
| <u>Title</u>       | <u>Name</u>                 |        | Address     |             |         | Type of Act  | <u>ion</u> |
| MGR                | Parthenia                   | Buchne | r 927 S.    | boldy       | 14n Are |  |            |
|                    |                             |        | Orlando,    | FL2         | 12805   | Remove   |            |
|                    |                             |        | <del></del> |             |         | Change   |            |
|                    |                             |        |             |             | ····    | D Add  |            |
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|                    |                             |        |             |             |         | Add 17 Remove  |            |
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| 10/01/02/  |                        |
| 10/01/01/  |                        |
| 10/01/01/  |                        |
| ctive date, if other than the date of filing: 12/21/2016 (optional effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records. | g.) Pursuant to 605.02 |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.   | , on the earlier       |
| January 24 2017.   |                        |
| Signature of a member or authorized representative of a member   |                        |
| Michael Blocker Typed or printed name of signee  |                        |

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Filing Fee: \$25.00