U700068643

(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:





800304078478

10/03/17--01803--803 ••25.00

FILED
2011 0CT 12 P 2: 03

D SCOTT OCT 13 2017

COVER LETTER

atta: Dioxxe

Registration Section TO: **Division of Corporations**

	Bonds, LLC		TALLAMASTE. IL.	
SUBJECT:	Name of Limited	Liability Company	(u;
The enclosed Articles of	Amendment and fee(s) are submitt	ed for filing.		
Please return all correspo	ndence concerning this matter to the	he following:		
	Rosalind L. Ramsey			
		Name of Person		
	Access Bail Bonds, LLC.			_
		Firm/Company		
	Post Office Box 590624			
		Address		•
	Fort Lauderdale, Florida 3335	59		_
	(City/State and Zip Code		•
	Accessbailbonds17@gmail.com			7AL
	E-mail address: (to b	oe used for future annual rep	ort notification)	5: 5 T
For further information	concerning this matter, please call:			MILTAHASSEE
Rosalind L. Ramsey		954 729-8 at ()		
Name	of Person	Area Code	Daytime Telephone Number	5 2: FLOR

S55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25,00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Access Bail Bonds, LLC.				
(Name of the Limite	d Liability Compan A Florida Limited L	iy as it now appears on or inability Company)	ar records.	
he Articles of Organization for this Limited Liz lorida document number L17000068643				_ and assigned
his amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
he new name must be distinguishable and contain the w	ords Limited Liabil.	ity Company," the designa	tion "LLC" or the abbr	eviation "L.L.C.
Enter new principal offices address, if applica	able:	Access Bail Bonds, L	LC.	
Principal office address MUST BE A STREE	Door Ottico Hov NUIO/A			<u> </u>
Principal Office address MOST BE A STREE	71	Fort Lauderdale, Florida 33359		
Toppliaghla		Access Bail Bonds, L	.LC.	
Enter new mailing address, if applicable:	ROX)	Post Office Box 590624		
Mailing address MAY BE A POST OFFICE	<u> </u>	Fort Lauderdale, Florida 33359		
B. If amending the registered agent and registered agent and/or the new registered of	or registered of office address her	<u>e</u> .	r records. enter t	he name of the
Name of New Registered Agent:	-		<u></u>	FTT
New Registered Office Address:	Post Office Bo	ox 590624 Enter Florida s	***	-
	For: Lauderdai	le	, Floridá <u></u>	
	ror. Lauceitta	Citi.	, r 101102	Zip Code
New Registered Agent's Signature, if changing	Damintound Assess	•		

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 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
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
		<u>→</u>	□ Remove
		LLARA	Change T
			1 7 7
		7) (0) -	Remove
		<u> </u>	Change
			Add
			Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessar		
_			
_			
_			
_			
		. <u> </u>	
_			
_			
_			
_			
_			
_			•
_			
	September 27, 2017 (options)		
Effective (If an effe	September 27, 2017 (optional cutive date, if other than the date of filing: September 27, 2017 (optional cutive date, if other than the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date of the date must be specific and cannot be prior to date of filing requirements, this date of the date	g.) Pursuant to 60	5 <u>(020</u> 7
Note:	f the date inserted in this block does not meet the applicable statutory ming requirements, this	-, ₍₁	
		87 5 E 0	U
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earli	er of
Dated .	September 27. 2017		
	Realized L. Randay Signature of a member or authorized representative of a member		
	Signature of a memory of additional states		
	Rosalind L. Ramsey		

Page 3 of 3

Filing Fee: \$25.00