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COVER LETTER

TO:

TO: Registration So Division of Cor			
	S COUNTY BAIL BONDS SE	RVICES, LLC.	
SUBJECT:		nited 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:	
	PEDRO O RODRIGUEZ		
	 	Name of Person	
	OMAR'S BAIL BONDS		
Firm/Company			
13710 49TH STREET N. STE 1-A			
		Address	
	CLEARWATER, FLORID	DA 33762	
		City/State and Zip Code	72
	OMARSBAILBONDS@Gi E-mail address: (MAIL.COM to be used for future annual report notification)	763 E
For further information c	oncerning this matter, please c	all:	-
PEDRO RODRIGUEZ		305 216-0666 at ()	ري
Name o	f Person	Area Code Daytime Telephone Number	- ;
Enclosed is a check for t	ne following amount:		-
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	c of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINELLAS COUNTY BAIL BONDS SERVICES, 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 JANUARY 18, 2018 and assigned Florida document number $\frac{L18000015846}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." SAME Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ټ SAME 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: CINDY E. RODRIGUEZ Name of New Registered Agent: 13710 49TH STRET N. STE 1-A 1/2 New Registered Office Address: Enter Florida street address

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.

City

CLEARWATER

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 adde of removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BIANCA DE LA TORRE	13710 49TH STREET N. STE 1-A 1/2	□ Add
		CLEARWATER, FL. 33762	≅ Remove
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n effective date is listed	r than the date of filing: the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605.02
	ed in this block does not meet the applicable statutory are on the Department of State's records.	filing requirements, this date will not be listed
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ecord specifies a dela	yed effective date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after th
is filed.		
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	Signature of a member or authorized represent	tatis of a member
	- / /	