L20 000176396

| (Re | equestor's Name) |
|------------------|--|
| (Ac | ddress) |
| (Ac | ddress) |
| (Ci | ty/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | usiness Entity Name) |
| (Dx | ocument Number) |
| Certified Copies | Certificates of Status |
| Fic Name | Filing Officer. TOURS FICHUME TOUR |



600375392066

10/22/21~-01016--006 **25.00





RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Co. Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FL

November 2, 2021

CARLOTTA HARRIS 18331 PINES BLVD SUITE 225 PEMBROKE PINES, FL 33029 US

SUBJECT: HASSLE FREE BAIL BONDMEN, LLC

Ref. Number: L20000176396

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 321A00026691

www.sunbiz.org

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| SUBJECT: HAS | | Buil Bonds | men, LLC |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | Ha Harvis | |
| | FEE AT | LAST BAIL Firm/Company | S BONDS, LLC |
| | 18331 | Pines Blva Address | STE 225 |
| | Pembroke | Pines, FL | 33029 |
| | harris C E-mail address: (| City/State and Zip Code Car 10 Had yah to be used for future annual report no | 00, COM lification) |
| For further information e | oncerning this matter, please ca | all: | |
| <u>Carlota</u> | ta Harris f Person | at (<u>9574</u>) <u>309</u> Area Code Daytin | - 232/ ne Telephone Number |
| Enclosed is a check for the | 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 Addres Registration S | | Street Address: Registration Se | ection |
| Division of C P.O. Box 632 | • | Division of Co The Centre of | • |
| E.G. DUX 0.32 | _ / | THE CERTIE OF | i diidiidaace |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

FILED

| HASSLE FREE | E BAIL BURYDSMARKERLYCLC |
|---|---|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) ETARY OF STATE d Liability Company) IALLAHASSEE, FILES |
| The Articles of Organization for this Limited Liability Compan | , |
| Florida document number <u>L300001763</u> 96 | , |
| This amendment is submitted to amend the following: | T SECRETAL T |
| A. If amending name, enter the new name of the limited lia | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" or the abbreviation "L.C." |
| Enter new principal offices address, if applicable: | 18331 Pines BIVA? |
| (Principal office address MUST BE A STREET ADDRESS) | Pembroke Pines, FC 33029 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SAMO AD Above |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, enter the name of the new registered |
| Name of New Registered Agent: | 10Ha Havris |
| New Registered Office Address: 1833 | SI PINES BLVA STE 225 Enter Florida street address |
| Pemb | proke Pines, Florida 33029 |
| New Registered Agent's Signature, if changing Registered Agen | City Zip Code |

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 |
|--------------|-------------|---|----------------|
| | | | □Add |
| | | | Remove |
| | | | □ Change |
| | | / | □Add |
| | | / | □Remove |
| | | / | □Change |
| | | | □Add |
| | | $\langle \mathcal{N} \rangle / \langle \mathcal{N} \rangle$ | □Remove |
| | | | □Change |
| | | | ⊡Add |
| | | | Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |

| lf am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------------------|---|
| | Please Remove Fictitions Name to be |
| | Registerd: Fedox Freight Prtority LLC |
| | Registration # G-210000 99767 |
| - | - 1000 1 100 1 10 1 10 1 10 1 10 1 10 1 |
| - | |
| - | |
| | |
| | |
| - | |
| | |
| | |
| , | |
| | |
| • | |
| | |
| | |
| | |
| | |
| | |
| | |
| (If an ef Note: | tive date, if other than the date of filing: |
| he reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled. |
| Dated | 05 Dec 2021, |
| . === | Carlatta, Han |
| | Signature of a member or authorized representative of a member Carlotta Harris |
| | Typed or printed name of signee |