

121000357079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2021 NOV 15 PM 2:30
CLERK OF COURT
CLERK OF COURT

A. BUTLER

DEC - 3 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cici's 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:

Conchita Delgado

Name of Person

Cici's Bail Bonds LLC

Firm/Company

433 8th Ave W Suite #104

Address

Palmetto FL 34221

City/State and Zip Code

Cicisbailbonds@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Conchita Delgado

Name of Person

at (941) 933-1070

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

Cici's Bail Bonds 2021 DEC 15 PM 2:30

(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 08/09/2021 and assigned Florida document number L21000357079.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

433 8th Ave W

Suite #104

Palmetto FL 34221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

433 8th Ave W

Suite #104

Palmetto, FL 34221

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:

Name of New Registered Agent:

Conchita Delgado

New Registered Office Address:

433 8th Ave W Suite #104

Enter Florida street address

Palmetto

Florida

34221

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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Conchita Delgado</u>	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		<u>433 8th Ave W Suite #104</u>	<input checked="" type="checkbox"/> Change
		<u>Palmetto FL 34221</u>	
<u>AMBR</u>	<u>Maria I. Garza</u>	<u>433 8th Ave W Suite #104</u>	<input checked="" type="checkbox"/> Add
		<u>Palmetto FL 34221</u>	
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Garza Maria</u>	_____	<input type="checkbox"/> Add
		<u>433 8th Ave W Suite #104</u>	<input checked="" type="checkbox"/> Remove
		<u>Palmetto FL 34221</u>	
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00