(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:

TO: Registration Solution of Col			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shantaneka Baynard		
		Name of Person	_
	Inc Authority RA		
		Firm/Company	<u></u>
	P.D. Box	120772	
		Address	_
	Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing urn all correspondence concerning this matter to the following: Shantancka Baynard		
	igotchabailbond@gmail.co	·	
	•		
For further information of	concerning this matter, please c	all:	
Shantaneka Baynard			
Name o	of Person		;r
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee		Certified Copy Certific (additional copy is enclosed) Certifie	ate of Status & d Copy
Registration	Section Corporations	Registration Section	
Tallahassee,		2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L21000485989	were filed on and assign			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
GOTCHA BAIL BONDS LLC				
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C			
Enter new principal offices address, if applicable:	1431 NW 31ST AVE			
Principal office address MUST BE A STREET ADDRESS)	SUITE 2			
Trincipal office dadress of OST 1912 A WENT TO THE PROPERTY	LAUDERHILL, FL 33311			
San and another address if applicables	1431 NW 31ST AVE			
Enter new mailing address, if applicable:	SUITE 2			
Mailing address MAY BE A POST OFFICE BOX)	LAUDERHILL, FL 33311			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u>			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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Note: If t	date, if other the ive date is listed, the other date inserted in it's effective date or	this block does	not meet the ap	oplicable statuto	ng or more than ory filing require	(optional 00 days after film ements, this date) 3.) Pursuant to 605,020 e will not be listed a
e record s rd is filed.	•	effective date, b	ut not an effecti	ve time, at 12:0	lam on the ea	arlier of: (b) T	he 90th day after the
UL Dated	JLY 13,		2022				
Dated	Mark.			authorized repres			
	- VILLANICA	m Ilipu	~t-/	. 7		-,	