## N1000002383

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JUN 3 2015

C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Bail W NAME OF CORPORATION:	orks For Florida, Inc.		
DOCUMENT NUMBER:	383		
The enclosed Articles of Amendment an	nd fee are submitted for filin	g.	
Please return all correspondence concern	ning this matter to the follow	ring:	
Kimberly Mask			
. E18.0	(Name of Cor	ntact Person)	
VancoreJones Communications, Inc.			
	(Firm/ Co	ompany)	
906 Thomasville Road			
	(Add	ress)	
Tallahassee, FL 32303			
	(City/ State a	nd Zip Code)	
kmask@vancorejones.com			
E-mail addres	ss: (to be used for future and	nual report notifica	ion)
For further information concerning this r	natter, please call:		
Kimberly Mask		850 at	681-8530
(Name of C	ontact Person)	(Area Cod	e) (Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the F	lorida Department	of State:
	Filing Fee & \$\Bigsquare\squar	opy Ce copy is Ce (Ac	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is closed)
Mailing Address Amendment Section		Street Address Amendment Se	<del>-</del>

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

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



## Articles of Amendment to Articles of Incorporation of

15 JUN -3 AH II: 29

Bail Works for Florida, Inc.		SECREBERY
(Name of Corporation a	s currently filed with the Florida Dept. of State)	<b>स्त्रि</b> धिर्म किसीलेहर
N10000002383		
(Docume	nt Number of Corporation (if known)	
rsuant to the provisions of section 617.1006, Floric mendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation a	idopts the following
. If amending name, enter the new name of the c	orporation:	
ail Works for America, Inc.		The new
ame must be distinguishable and contain the word ' Company" or "Co." may not be used in the name.	'corporation" or "incorporated" or the abbreviation	
. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD		
E-ton row mailing address if aunticables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	<del></del>	
	ered office address in Florida, enter the name of th	<u>e</u>
new registered agent and/or the new registered	l office address:	
Name of New Registered Agent:		
_		
New Registered Office Address:	(Florida street address)	
Hew Registered Office Hadress.		
_	, Florida (City) (Zip	a Code)
	(Cuy) (Esp	Couej
ew Registered Agent's Signature, if changing Reserved accept the appointment as registered agent.	gistered Agent:  I am familiar with and accept the obligations of the	position.
	Signature of New Registered Agent if changing	
	signature of New Kegistered Agent. If changin	IV.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			<del></del>
3)Change			
Add			<del> </del>
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

C. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)		

	6/2/2015	FILED
The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		15 JUN -3 AM 11: 29
Effective date if applicable.		15 301 3 4111 22
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	- 15 min (18 min 18 mi
	(no more than 90 days after amenament fite date)	SECRETARILY SPAR
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, rtment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the ar	nendment(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) s.	was/were
Dated 6/2/2015		
Signature(By the chairm	an or vice chairman of the board, president or other officer-	if directors
	selected, by an incorporator – if in the hands of a receiver, pointed fiduciary by that fiduciary)	trustee, or
Andrew F	Jones	
<u> </u>	(Typed or printed name of person signing)	
Vice Presi	dent	

(Title of person signing)