# PD 9000 70108

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_、 Certificate	s of Status
Special Instructions to	Filing Officer:	

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2009 DEC IN AMILIAMS
SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2009

IILENE MCCLOSKEY ACTION IMMIGRATION BONDS AND INSURANCE 1133 SE 3RD AVENUE FT. LAUDERDALE, FL 33316

SUBJECT: ACTION BONDING AND INSURANCE SERVICES, INC.

Ref. Number: P09000070108

We have received your document for ACTION BONDING AND INSURANCE SERVICES, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Enclosed you will fine blank Articles of Amendment to be completed and resumited to our office for processing. The information on the reverse side is not required to be file with our office, please retain for your records.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 109A00036658

Division of Cornerations - P.O. ROX 6327 Tallahassee Florida 32314

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:Act	ion Bonding	and Insurance S	Services, Inc.
DOCUMENT NU	JMBER: P0900070108.			
The enclosed Articl	es of Amendment and f	fee are submitte	ed for filing,	
Please return all cor	respondence concernin	g'this matter to	the following:	
		llene McC	loskey	
		Name of Cont	act Person	
	Action Immigrat		d Insurance Service	es, Inc.
		Firm/Con	npany	
		1133 SE 3rd	l Avenue	
	-	Addre	ss	
_	F	444 - 14 - 14 - 14 - 14 - 14 - 14 - 14	e, FL 33316	
		City/ State and	Zip Code	
	ile E-mail address: (to b	ene@actionba	il.com mnual report notification)	andradus in the state of the st
For further informa	tion concerning this ma	itter, please call	:	
ile	ene McCloskey of Contact Person	at (_	727	501-6373
Name	of Contact Person		· Area Code & Daytime T	elephone Number
Enclosed is a check	for the following amou	unt made payab	le to the Florida Depa	artment of State:
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	Ce	.75 Filing Fee & tiffed Copy ditional copy is enclosed)	Certificate of Status
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Amer Divis Clifto 2661	t Address Indiment Section Ion of Corporations In Building Executive Center Circhassee, FL 32301	cle

#### Articles of Amendment to Articles of Incorporation of

FILED

d Insurance Services, I	nc. 2019 DEC 14 AM 11: 49
ently filed with the Florida Der	ot. of State) SECRETAR
900070108	TALLAHASSEE STADE
mber of Corporation (if known)	
6, Florida Statutes, this <i>Florida</i>	a Profit Corporation adopts the follow
f the corporation:	
	The new
e designation "Corp," "Inc," or ofessional association," or the a	"Co". A professional corporation
ET ADDRESS )	
	**************************************
<u>u</u>	
CE BOX	
page - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	And the state of t
	rida, enter the name of the
	•
(Florida sireet addre	ss)
(City)	, Florida (Zip Code)
	•
	ecept the abligations of the position
mg = arming with the first area are	Table to a configuration of the position
Signature of New Registered Age	unt if changing
	f the corporation:  the word "corporation," "cone designation "Corp," "Inc," or offessional association," or the addicable:  CE BOX)  registered office address in Flosistered office address:  (Florida street address:  (City)  ing Registered Agent: agent. Lam familiar with and address.

## 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 additic al sheets, if necessary)

Title	<u>Name</u>	Address	Type of Action
<u>S</u>	Maryorie Melgarejo	1133 SE 3rd Avenue Fort Lauderdale, FL 33316	_ □ Add _ ☑ Remove
VP/S	Judy N. Prager	1133 SE 3rd Avenue Fort Lauderdale, FL 33316	_ 🛮 Add _ 🗆 Remove
·			_
	ding or adding additional Articles, end dditional sheets, if necessary). (Be specified)		
Article IV:	The number of shares the corpo	pration is authorized to issue is:	
5,000 at a	a par value of \$0.00		
•			
		· · · · · · · · · · · · · · · · · · ·	·
	mendment provides for an exchange,		
	ons for implementing the amendment not applicable; indicate N/A)	if not contained in the amendment	itself:
ν,			
	,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

The date of each amendment(s	adoption: November 9, 2009
Effective date mapplicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	voting group)
,	6 8 0 m/
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	12/7/09
Signature _	
(By a selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Jeremy A. Wolf
•	(Typed or printed name of person signing)
	President
	(Title of person signing)