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23 MAY 22 PM K- 22

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: AS Your Booked Bai / Bonds 410000020114 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Angelea tra (a Le Vinance of Contact Person Pts Your Booked Bail Bonds 3230 W Broward Alvol

Address

Fort landerance Florida 33312

City/ State and Zip Code beeche sure ty e gm kil Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenten Carter at (954), 440.8028

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles	of	Incorporation
		of

AS Your Booker	Bac Bonds poration as currently filed with the F			
(Name of Corp	poration as currently filed with the F	lorida Dept. of State)		
P1000002011	4			
1)	Document Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006. Fits Articles of Incorporation:	Torida Statutes, this <i>Florida Profit Con</i>	poration adopts the following a	mendmer	ıı(s) to
A. If amending name, enter the new name of	the corporation:			
	NA	Т	he new	
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional con	orporated" or the abbreviation	"Corp., "	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> ;			
D. If amending the registered agent and/or re	gistered office address in Florida, en	iter the name of the	-77	
new registered agent and/or the new regist			ŦĬ.	• •
Name of New Registered Agent	NA		წ. ც.	<u></u>
			10	•
	(Florida street address)			
New Registered Office Address:		Florida		
	(City)	(Zip Cod	ler	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar with and accept the			
	Signature of New Registered Agent, if	changing		

Check if applicable \Box The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

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 = ChiefExecutive 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 Saily Smith, SV as an Add.

X Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	lones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One) 1) Change Add	<u>Title</u> CFO	Joseph Smith	Address 2730 NW9th Court Furt Lauderdale FT 3331
Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change			
Add			

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
(retain analy).	
	-N-A
···	·
••	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
(if not applicable, indicate N/A)	indifferent if the contained in the amendment user.
	All a
	14/4
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The date of each amendme	ent(s) adoption:, if other than the
date this document was sign	
Effective date if applicable	
	(no more than 90 days after amenament file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the in the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/v action was not required.	vere adopted by the incorporators, or board of directors without shareholder action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	."
	(voting group)
Dated	May 18, 2023
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)