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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	RATION: 561 BAIL BONDS	8 INC		
DOCUMENT NUM				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	stter to the following:		
	MARIA GENOVESE			
	Name of Contact Person			
		Firm/ Company		
	608 SEA PINE WAU a2			
	GREENACRES FL 33415	Address		
		City/ State and Zip Cod	ι,	
For further informatic	n concerning this matter, pleas		506-6190	
Name of Contact Person		at ( 561 ) 506-6190 Area Code & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address  Iment Section on of Corporations (Building (xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

561	BA	$\Pi$ $\Pi$	ONU	20	INC

	as currently lifed wit	h the Florida Dept. of Si	<u>late)</u>
P1400082930			
(Documer	nt Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	tatutes, this Florida Pa	rofit Corporation adopts t	he following amendment(s
A. If amending name, enter the new name of the corp	oration:		
N/A			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co" A p		" or the abbreviation
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	1.	
		N//A	
	<del></del>	17 / / /	
C. Enter new mailing address, if applicable:			SEP :
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
		/ <u>\</u>	
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<b>D</b>			ال الجاري المالي ا
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		rida, enter the name of t	he S
Name of New Registered Agent			
	(Florida street address		<del></del>
	THE REAL SHOLL THEIR CSS	,	
New Registered Office Address:	(Civ)	, Flori	ida (Zip Code)
			77.1 <b>,</b> 7
New Registered Agent's Signature, if changing Regist			
Thereby accept the appointment as registered agent. To	ım familiar with and a	ecept the obligations of th	e position

Signature of New Registered Agent, it changing

## 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 tirst 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

Xample: X Change	PT	<u>John Doe</u>		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>8V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	Р	MARIA SERRANO		388 S MILITARY TRAIL
Add				WPB FL 33415
X Remove				
2) Change	Р	MARIA GENOVES	E	388 S MILITARY TRAIL
X Add				WPB FL 33415
Remove				
3.) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
51 Change				
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6) Change				
Add				
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an amendment provides fo	or an exchange, reclassifi	cation, or cancellation of issued shares,	
rovisions for implementing (if not applicable, indica		ontained in the amendment itself:	
уу нөг аррасате, таса	10 N 21)	•	
		/ /	
		N/A	
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	08/22/2019	
The date of each amendment(s) a date this document was signed.	doption;	, if other than the
•	22/2019	
Effective date <u>if applicable</u> :		<u></u>
	tno more than 90 days after amendment file dater	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s ufficient for approval.	)
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	u
	t for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
8/22/2019		
Dated	An Sham	
(By a) select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that (iduciary)	
	MARIA SERRANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>