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(F	Requestor's Name)
(A	address)
(<i>F</i>	(ddress)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Biggie Bail Bonds Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eric A. McCray Name of Contact Person Biggie Bail Bonds Inc. Firm/ Company 8210 SW 65 AVE # 1 Address Miami Florida 33143 City/ State and Zip Code biggiebail@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eric A. McCray Name of Contact Person 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 Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Biggie Bail Bonds Inc

(Name	of Corporation as currer	ntly filed with the Florida Dept. of St	ate)
P14000087243			
· · · · · · · · · · · · · · · · · · ·	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
Alternate Work Solution Inc.			. The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional corporation ne	or the abbreviation
B. Enter new principal office address,	if applicable:	8210 SW 65 AVE # 1	
	Principal office address MUST BE A STREET ADDRESS)		20.23
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8210 SW 65 AVE # 1	HASSET TO BE
· · · · · · · · · · · · · · · · · · ·	<u></u>		
			28
D. If amending the registered agent ar new registered agent and/or the ne		-	<u>ic</u>
N/A Name of New Registered Agent			
THINK THE THE TABLE	N/A		
	(Florida ·	street address)	
New Registered Office Address:	N/A	, Floric	la
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			position.
NIA			
	Signature of New	Registered Agent, if 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 first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			-
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

	tional sheets, if nec	cessary). (Be s	pecific)			
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	lment provides for					5
provisions	for implementing	the amendmen	t if not contain	<u>ed in the amend</u>	ment itself:	
(if not	applicable, indicat	ie N/A)				
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25 JULY 2017
The date of each amendment(s) adoption:, if other than the
date this document was signed.
SI JULY 2017 ' Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by N/A (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
25 JULY 2017 Dated
STAL
Signature
(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)
appointed heaviery by that indictary,
Eric A McCray
(Typed or printed name of person signing)
CEO
(Title of person signing)