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## **COVER LETTER**

TO: Registration Se Division of Cor	
SUBJECT: Baldy	win Turf, LLC
Sobsect.	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	D. Timothy Herndon
	Name of Person
	TABLE OF FORSON
	Firm/Company
	4502 Highway 20 East, Suite A
	Address
	Niceville, FL 32578
	City/State and Zip Code
	dtherndon@cricpa.com  E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
D. Timothy	Herndon <u>at</u> 850 897.4333
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for th	he following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe

**MAILING ADDRESS:** 

Certificate of Status

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

## STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baldwin Turf, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabil Florida document number L0600001559	ity Company were filed on January 5, 2006	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or a	registered office address on our records enti	or the name of the n
registered agent and/or the new registered office	· —	or the name or the h
Name of New Registered Agent:	1	
No. Decision 1 000 - Address		Ec
New Registered Office Address:	Enter Florida street address	
_	, Florida	FACE CO 1
	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	82
I hereby accept the appointment as registered ag	gent and agree to act in this capacity. I further	agree to comply with

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager. AMBR = Authorized Member

Title MGRM	Name LLJM, LLC	Address  Type of Action  4502 Highway 20 East, Suite A  Address  Address
		Niceville, FL 32578
MGRM	D. Timothy Herndon	1440 Live Oak Street
	·	Niceville, FL 32578 Remove
MGRM	Mitchell Newton	1440 Live Oak Street
		Niceville, FL 32578
MGRM	David C. Ladd	1440 Live Oak Street
		Niceville, FL 32578
	·	Add Remove
		Add
		Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)
•	
	,
Effective date, if other than the date of filing:	otional) ys after
Dated 5.19.2014	
Signature of a member or authorized representative of a member	
D. Timothy Herndon  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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