

L 06 0000 01588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

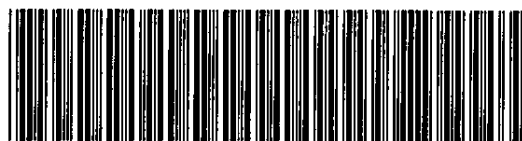
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Baldwin Turf, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. Timothy Herndon

Name of Person

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 concerning this matter, please call:

D. Timothy Herndon

Name of Person

850 897.4333

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LLJM, LLC	4502 Highway 20 East, Suite A Niceville, FL 32578	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	D. Timothy Herndon	1440 Live Oak Street Niceville, FL 32578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mitchell Newton	1440 Live Oak Street Niceville, FL 32578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David C. Ladd	1440 Live Oak Street Niceville, FL 32578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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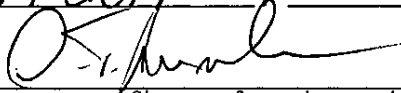
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/1/01 BY 60322 UCBAW

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5.19.2014



Signature of a member or authorized representative of a member

D. Timothy Herndon

Typed or printed name of signee

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Filing Fee: \$25.00

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