L15000043936

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> 2115 AUG -5 A II: 57 SECRETARY OF STATE AND ANASSEE, FLORIDA

AUG 0 6 2015

S MASON

COVER LETTER

TO:	Registration Sec Division of Cor			
OUD HE		me Services LLC.		
SUBJEC	J1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		John W. Baldwin		
			Name of Person	
		Baldwin Home Services Ll	LC.	
			Firm/Company	~
		1420 Moomlight Dr.		
			Address	
		Cantonment, Fl. 32533		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For furth	ner information co	oncerning this matter, please co	all:	
John W.	Baldwin		850 375-4682 at ()	
	Name of	f Person	Area Code Daytime T	Celephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baldwin Home Services LLC.		
(<u>Name of the Lim</u>	ited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.
the Articles of Organization for this Limited I lorida document number L15000042936	Liability Company were filed on March 09	2015 and assigned
This amendment is submitted to amend the fol	lowing:	22 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25
a. If amending name, enter the new name	of the limited liability company here:	ECRETARY
he new name must be distinguishable and contain the	words "Limited Liability Company," the designati	on "I C" dethe abbreviation FIL C"
Enter new principal offices address, if appli	cable:	FLORIDE 5
Principal office address MUST BE A STRE	ET ADDRESS)	5 S
Enter new mailing address, if applicable: <i>Mailing address MAY BE A POST OFFICE</i>	<u> </u>	
		· .
3. If amending the registered agent and egistered agent and/or the new registered of	•••	records, enter the name of the
Name of New Registered Agent:	John W. Baldwin	
New Registered Office Address:	1420 moonlight Dr.	
*	Enter Florida stre	et address
	Cantonment	, Florida <u>32533</u>
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cheryl L. Baldwin	1420 Moonlight Dr. Cantonment,Fl	■ Add
			□ Remove
			Change
		· 	Add
			☐ Remove
			☐ Change
		·	□ Remove
		· 	Change
			Add
			☐ Remove
			Change
		VICKEIGHY OF STATE ORIDA	Remove Change
		ORIDA	Add Remove
			□ Change

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August 3 , 2015	€ <u>€</u> 2 8	
May Ble ?		
	C. Carl	
Signature of a member or authorized representative of a member		
John W. Baldwin Typed or printed name of signee	SS:50 1	William Han-
Typed or printed name of signee	77 II. I	

Filing Fee: \$25.00