117000080387

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	4141 Baldı	ridge, LLC		
SOIMI.	<u> </u>	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	-	
riease r	eturn tiii correspoi	ndence concerning this matter	to the following:	
		Shannon Zarek		
			Name of Person	
		Stinson Leonard Street	LLP	
			Firm/Company	
		7700 Forsyth Blvd., Suite 1100		
			Address	
		St. Louis, MO 63105		
			City/State and Zip Code	
		shannon.zarek@stinson. E-mail address: (com to be used for future annual report notific	cation)
For furt	ner information co	ncerning this matter, please ca		
Shanno	on Zarek		314 259-4561	
	Name of	Person	at ()	l'elephone Number
Enclosed	I is a check for the	e 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:

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 TOARTICLES OF ORGANIZATION **OF**

4141 Baldridge, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L17000080387	were filed on Apr	il 10, 2017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de-	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	7935 Airport Pull Road N., Suite 4-379		
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 341	09	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> :		
New Registered Office Address:			
	Enter Florie	la street address	
		, Florida	51
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Cl address. I hereby	ny duties, and I am fam napter 605, F.S. Or, if t confirm that the limite	iliar with and his document is ad liability TAUG 30
If Chan	iging Registered Age	nt, Signature of New Herist	
Page 1	of 3	LORI	: 2

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tonia L. Shelton	13321 N. Outer Forty Rd.	Add
		Town & Country, MO 63017	■ Remove
			☐ Change
MGR	Kenneth Baldridge	7935 Airport Pull Road N.	⊜ Add
		Suite 4-379	□ Remove
		Naples, FL 34109	Change
			☐ Remove
			Change
			□ Add
			Remove
			Change
			D Add
			Remove
			17 Change FILE
			Child See Filonida
			DE Change

D. If amending any other information, e	nter change(s) here: (Attach additional s	heets, if necessary.)
		
		<u></u>
	-	
E. Effective date, if other than the date of (If an effective date is listed, the date must be specified. If the date inserted in this block doe document's effective date on the Department.	es not meet the applicable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 605.0207 (3)(t irements, this date will not be listed as the
If the record specifies a delayed effect (b) The 90th day after the record is	tive date, but not an effective time, filed.	at 12:01 a.m. on the earlier of:
Dated	2017	
Fland of Signature	re of a member or authorized representative of a m	ember F11
Harold A. Tzinberg, Authoriz		D PR
	Typed or printed name of signee	I I:2 SIAI FLORM
	Page 3 of 3	IDA DA

Filing Fee: \$25.00