

48000214685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

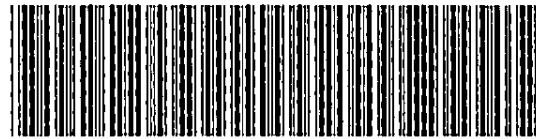
(Business Entity Name)

(Document Number)

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10/05/18--01015--010 **25.00

FILED
18 OCT -5 PM 1:43
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

OCT 22 2018
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BALDINI VENTURES, 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:

KIM BALDINI

Name of Person

BALDINI VENTURES, LLC

Firm/Company

23286 MARSH LANDING BOULEVARD

Address

ESTERO, FL 33928

City/State and Zip Code

BLUERIDGE.SERENDIPITY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY BALDINI

239 250-3429
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy **Nb**
(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

BALDINI VENTURES, LLC

The Articles of Organization for this Limited Liability Company were filed on 9/10/18 and assigned
Florida document number L18000214685

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

If 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|--|--|
| AMBR | JOHN C BALDINI | 23286 MARSH LANDING BOULEVARD, ESTERO, FL | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | KIMBERLY R BALDINI | 23286 MARSH LANDING BOULEVARD, ESTERO, FL | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | (NAME CORRECTION) | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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

1 - ADDING SPOUSE JOHN BALDINI AS AUTHORIZED MANAGER (LEGAL ZOOM ERROR)

2 - UPDATING PRESENT MANAGERS NAME FROM KIM TO KIMBERLY

3 - UPDATING STATUS FROM SINGLE MEMBER TO MANAGED BY ALL MEMBER MANAGERS

FILED
18 OCT -5 PM 1:43
CITY OF ALABAMA

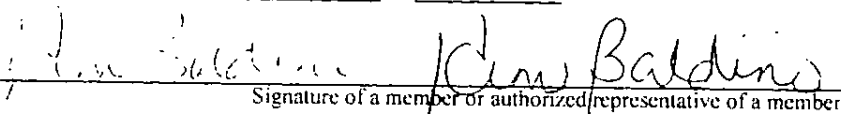
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 3, 2018


Signature of a member or authorized representative of a member

KIM BALDINI

Typed or printed name of signee