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COVER LETTER

TO: Registration Se Division of Cor				
	LDWIN CONDO HOTEL LLC			
SUBJECT:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOHN BALDWIN			
		Name of Person		
	JOHN BALDWIN COND	OO HOTEL LLC		
		Firm/Company		
	980 LYTHAM CT			
	•	Address		
	West Palm Beach, FL 331	41		
		City/State and Zip Code		
	JOHNBALDWINGOLF@			
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
JOHN BALDWIN		917 690-5650 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration S Division of C		Registration Se Division of Cor		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.

JOHN BALDWIN CONDO HOTEL LLC		<u>2020 FFT 26 PM 5: 56</u>
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords,)
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
lorida document number L1900212709		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li		
JOHN BALDWIN & NANCY FUSCO he new name must be distinguishable and contain the words "Limited Lia	BALDWIN LLC	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered offic	e address on our records, <u>ent</u>	er the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street ada	lress
		Florida
	City	Florida 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 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
AUTH	RICHARD B CRUM	515 N Flagler Drive 20th Fl West Palm Bch, FL 334	01 ■Add
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			□Add
			□Remove
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n effecti <u>te:</u> If i	e date, if other than the date of filing: 2-20-200 (optional) ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.	
s filed.		the
ed	John Balchevin Signature of a member or authorized representative of a member	
	John Baldevin	
	Signature of a member or authorized representative of a member	