L22000427883

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COVER LETTER

Registration Section Division of Corporations

TO:

O F 144 F 82 / 1/15	LDWIN COMPANY, LLC		
30b16C1:	Name of Lim	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	mitted for filing.	
Picase return all corres	pondence concerning this matter	to the following:	
	Jane Cirksena		
		Name of Person	
	Kauffman Thompson, PLL	.C	
		Firm/Company	
	1990 Main Street, Suite 72	.5	
		Address	
	Sarasota, FL 34236		
		City/State and Zip Code	
	janc@kauffmanthompson.c		<u></u>
	E-mail address; (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Jane Cirksena		941 479-3006 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adde Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BALDWIN COMPANY, LLC

(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L22000427883		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabl	lity company here:	
BALDWIN INTERNATIONAL HOLDINGS, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)		2
		022
		¥0y
Enter new mailing address, if applicable:		3 E
(Mailing address MAY BE A POST OFFICE BOX)		
		1111
B. If amending the registered agent and/or registered office a	ddress 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:		
<u></u>	Enter Florida street address	
	Vlorida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I drovided for in Chapter 605. F.S.	am familiar with and Or, if this document is

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Defective date.	late of filing: be specific and canno ck does not meet th partment of State's	it be prior to date ne applicable st records.	of filing or more to	(option than 90 days after fi quirements, this	nal) iling.) Pursuant to 6 date will not be li	05.0207 sted as
	date, but not an eff	fective time, at	12:01 a.m. on th	ne earlier of: (b)	The 90th day an	ter the
d is filed.						
November 30	202	2				
November 30	, 202	2				
Jated	·, ·	· · · · · · · · · · · · · · · · · · ·				

Filing Fee: \$25.00