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COVER LETTER .

	Amendment and fee(s) are submitt			
Plages return all carreens		ted for filing.		TILE 28 MILLS
ricase return an correspo	ndence concerning this matter to the	he following:		福富一
	Jaime Baird		·	る。
		Name of Person		
	Baird Fitness,	LLC		5
	<u></u>	Firm/Company		7
	1824 Vista Ro	yale Blvd.		
		Address		
	Orlando, Florid	da 32835		
		ity/State and Zip Code		
	jaimebaird@me.cor	mused for future annual report notifies	ntion)	
For further information c	oncerning this matter, please call:			
Edward M.	Baird	407 ₄₂₅₋₀₂₃	34	
Name o	f Person	Area Code & Daytime		
Paul and last death 6 of	. C.II			
Enclosed is a check for the \$25.00 Filing Fee	_	□\$55.00 Filing Fee &	□\$60.00 Filing I	Rao

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

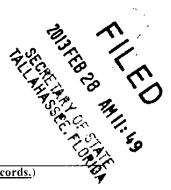
Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Baird Fitness, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company were filed on July 7, 2011	and assigned
Florida document number L11000078736	 -	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE A	<u></u>	
B If amending the registered agent and/o	or registered office address on our records, g	enter the name of the new
registered agent and/or the new registered of		
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida str	eet address
	, Flor	ida
	•	Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:	
the provisions of all statutes relative to the p accept the obligations of my position as regi.	d agent and agree to act in this capacity. I furth roper and complete performance of my duties, stered agent as provided for in Chapter 608, F. registered office address, I hereby confirm that change.	and I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of	New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edward M. Baird	1824 Vista Royale Blvd	. ✓ Add
		Orlando, FL 32835	Remove
			Add
		AL	Remove Add T
		AH N	Add T
			remove remove
			Add
			Remove
			Add
			Remove
			Remove

). It amending any other informati	ion, enter change(s) here: (Attach adaitional sheets, if necessary.)
_{bated} February 26	2013
Dou	ne Facel
Sign	nature of a member or authorized representative of a member
Jaime Baird	
 	Typed or printed name of signee

Page 3 of 3

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SECRETARY OF STATE