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(Res	questor's Name)	
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	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F		
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Office Use Only



02/18/20--01037--010 **25.00

CONTRACTOR OF SECTION OF SECTION

Name Change

APR 0 7 2020 D CUSHING

COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	BAIRD REA	AL ESTATE & INVESTMEN	TS LLC			
SUBJECT		Name of Limi	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Sean Baird				
			Name of Person			
		BAIRD REAL ESTATE &	: INVESTMENTS LLC			
			Firm/Company			
		4304 W Knights Avenue				
			Address			
		Tampa, FL 33611				
			City/State and Zip Code		~>	: Eug
		sbaird@knights.ucf.edu	to be used for future annual report notific		20 AFR	
			·	auon	رُخُ	235-
For further in	iformation co	ncerning this matter, please ca	all:			577
Sean Baird			772 633-1376		ā	2.00°
	Name of	Person	Area Code Daytime	Telephone Number	V# 11: 01	RATIONS
Enclosed is a	check for the	following amount:				<i>5.</i>
■ \$ 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &	

TO:

Registration Section

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAIRD REAL ESTATE & INVESTMENTS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp		and assigned
Florida document number 1.15000119117		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Sean Baird Real Estate LLC		
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		D 255
(Principal office address MUST BE A STREET ADDRESS	5)	
		AH II:
Enter new mailing address, if applicable:		- 22
(Mailing address MAY BE A POST OFFICE BOX)		- - 9
		·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
<u>.</u>			□Add
			□Remove
			□Change
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			□Change

ir amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
· · ·	
Effective date, if other than the officer of the date is fisted, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	date of filing:
e record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020
	Signature of a member or authorized representative of a member
	Angelianie volumento de anticolor de la companya de
Sean Baird	Typed or printed name of signee

Filing Fee: \$25.00