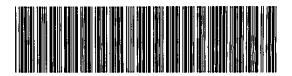
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(Re	equestor's Name)	
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COVER LETTER

IO: Registration of	Corporations
	Holdings LLC
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Charles W. Fuller
	Name of Person
	Laird Holdings LLC
	Firm/Company
	5116 Gulf Drive
	Address
	Panama City Beach, FL 32408
	City/State and Zip Code fullerproperties@me.com
	E-mail address: (to be used for future annual report notification)
or further informati	ion concerning this matter, please call:
Chuck Fuller	850 624-7624
Na	at () ame of Person Area Code Daytime Telephone Number Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25.00 Filing Fe	ce ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status

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

TO ARTICLES OF ORGANIZATION OF

Laird Holdings LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	<u>ppears on our records.</u>) any)
The Articles of Organization for this Limited Liability Company were filed or Florida document number	n 6/29/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ay 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:	, ra
(Principal office address MUST BE A STREET ADDRESS)	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	2.70
	Salar Co
Enter new mailing address, if applicable:	THE PART OF THE PA
Mailing address MAY BE A POST OFFICE BOX)	T S U
	59 TE 11D _A
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of th
Name of New Registered Agent:	
New Registered Office Address: Enter	er Florida street address
	
City	, Florida
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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Darren J. Haiman	P.O. Box 15521	Add
		Panama City, FL 32406	Remove
			☐ Change
MGR	Thorsten G. Pfeffer	P.O. Box 28026	⊟ Add
		Panama City, FL 32411	□ Remove
			Change
		**************************************	☐ Add
			Remove
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E. Effect	tive date, if other than the date of filing:	(optional)		
(If an el Note:	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. If the date inserted in this block does not meet the applicable statutory filing requirement	s after filing.) Pu is, this date wil	rsuant to 605. I not be liste	0207 (3)(b) d as the
	ment's effective date on the Department of State's records.	,		
	cord specifies a delayed effective date, but not an effective time, at 12: e 90th day after the record is filed.	:01 a.m. on	the earlie	er of:
(0) /110	/			
Dated	1_7/25, 2016.			
Date	1 / 3 / 2 / 2			
		Wall to		
	Signature of a member or authorized representative of a member	500		
	Charles W. Fuller Typed or printed name of signce		ESCANOPINA TOTAL	
	Typed or printed name of signee	70		
		or Series	Ö	
	Page 3 of 3	ORE S	- -*	
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Filing Fee: \$25.00