Elorida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

[1]

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BILLY DIGITAL LLC**

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Page Count 04	
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BILLY DIGITAL LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)			
(A Florida Limited)	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L19000218837	were filed on 08/27/2019	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Beaird and Co Development, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4235 Hillsboro Pike			
(Principal office address MUST BE A STREET ADDRESS)	Suite 300	202 5		
- The participant of the partici	Nashville Tennessee 37215			
Enter new mailing address, if applicable:	4235 Hillsboro Pike	00 100		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 300	China Tale grant		
muning maters with Distriction of 1102 2000	Nashville TN 37215	70.0		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter</u>	r the name of the ne		
New Registered Office Address:	Registered Office Address: Enter Florida street address			
	, Florida			
	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
AMBR	WILLIAM BEAIRD	4235 Hillsboro Pike	Add
		Suite 300	□ Remove
		Nashville TN 37215	☑ Change
			Add
			☐ Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the series of the ser	is block does not meet:	the applicable s	of filing or more than tatutory filing requi	(optional) 90 days after filing.) Purs rements, this date will	uant to 605.0207 (not be listed as th
the record specifies a del) The 90th day after the	iyed effective date record is filed.	, but not an	effective time, a	at 12:01 a.m. on t	he earlier of:
Dated 1/8	2	2021			
Rilmy	Signature of a mem	ber or authorized	representative of a mo	mber	<u></u>
Riley Pa					
- 110 / 1 0	Typ	ed or printed nan	ne of signee		

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