## L07000101901

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## **COVER LETTER**

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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
Liberty Ho	ospitality Management LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>-</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nina Osbahr		
		Name of Person	<u> </u>
	Liberty Group		
		Firm/Company	
	109 N Brush St 150		
	· ·	Address	<del> </del>
	Tampa, FL 33602		
		City/State and Zip Code	
	no@libertyg.com	•	
		to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Nina Osbahr		813 280-2000 at ( )	
Name o	of Person		ime Telephone Number
Enclosed is a check for t	ka Gillaudaa aasaasa		
	<del>-</del>		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration		Registration S	
Division of C P.O. Box 632		Division of Court of Court of Court of Court of	
1 .U. DUX U32	. <i>t</i>	The Centre of	t attallassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liberty Hospitality Management L			
(Name of the Limi	ted Lighility Company as it r (A Florida Limited Liability (	now appears on our records.) Company)	
he Articles of Organization for this Limited L	Liability Company were fi	led on 10/08/2007	and assigned
lorida document number L07000101901	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liability con	mpany here:	
hah Capital Management LLC			
ne new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
····			
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	 : BOX)		
			•
3. If amending the registered agent and/or		on our records, enter the	name of the new registe
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Nina Osbahr		
New Registered Office Address:	109 N Brush St Ste 150	)	
		Enter Florida street address	
	Tampa	, Floric	da
	City	v	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>	<u>Name</u>	Address	Type of Action
MGR	PRS1 Investments LLC	109 N Brush St Ste 150, Tampa FL 33602	≅Add
			□Remove
			□Change
MGR	Punit Shah		□Add
		109 N Brush St Ste 150, Tampa, FL 33602	≣Remove
			□Change
	<del></del>	<del></del> -	□Add
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			□Remove
			Change
			bbA□
		<del></del>	□Remove
			Channa

Tective date, if other than the date of filing:			
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Filing Fee: \$25.00