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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 : (407)425-7010 Fax Number : (407)425-2747

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION LIBERTY HOTEL FUND I, LLLP

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COVER LETTER

	ation Section on of Corporations			
SUBJECT: _	LIBERTY HOTEL FUND Name of Florida Limited		mited Liabilit	y Limited Partnership
The enclosed (Certificate of Amendmen	nt and fee(s) are	submitted	for filing.
Please return a	all correspondence conce	rning this matte	er to:	
N. Dwayne (Gray, Jr., Esq. Contact Person			
7:				
Zininernan,	, Kiser & Sutcliffe Firm/Company			
315 E. Robi	nson Street, Suite 600 Address			
Orlando, FL	32801			
	City, State and Zip Co	de		
corporate@z E-mail addi	zkslawfirm.com ress: (to be used for future an	nual report notifier	ation)	
For further inf	formation concerning thi	s matter, please	call:	
N. Dwayne G	Gray, Jr., Esq.	at (<u>4</u> 0)7) 4	25-7010
Name o	of Contact Person	Area (Code and Day	vtime Telephone Number
Enclosed is a	check for the following	unount:		
☑ \$52.50 Filing	Fee D\$61.25 Filing Fe and Certificate of Status	e □\$105.00 and Certif) Filing Fee led Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Addr Registration S Division of Co P.O. Box 632 Tallahassee, F	fection orporations 7	F I. 1 2	The Centre	Section Corporations of Tallahassee proc Street, Suite 810

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

LIBERTY HOTEL FUND I, LLLP		
Insert name currently on	file with Fiorida Department of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi- September 13, 2023 assigned F		
adopts the following certificate of amendment t		
This amendment is submitted to amend the following	<u>Ţ</u> .	
A. If amending name, enter the new name of the here:	e limited partnership or limited liability lin	<u>uted partnership</u>
New name must be distingu	ishable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe.		or LLLP.
B. If amending mailing address and/or prin principal office address here:	cipal office address, enter new mailing	address and/or
New Principal Office Address:	824 Highland Avenue	
(Must be STREET address)	Orlando, FL 32803	
New Mailing Address: (May be post office box)	824 Highland Avenue Orlando, Ft. 32803	
	<u></u>	
C. If amending the registered agent and/or regist registered agent and/or the new registered office		e name of the new
TEACHER TO THE MENT OF THE PARTY OF THE PART		1
Name of New Registered Agent:		
New Registered Office Address:		-:
-	Enter Florida street address	9; 2 <u> </u>

City

New Registered Agent's Signature, if changing Registered Agent:

	nt and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, and t
am familiar with and accept the obligations of my	position as registered agent.
	If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	Name	<u>Address</u>	Type of Action
GP	Liberty Hotel Fund (GP, LLC	824 Highland Avenue Orlando, FL 32803	XAdd □ Remove
	Liberty Hotel GP, LLC	824 Highland Avenue Oriando, Ft 32803	□ Add 吳Remove
·			☐ Add ☐ Remove
			☐ Add ☐ Remove
			□ Add □ □ Remove
			 _ □ Add _ □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

0	This Limited 1	Partnership	hereby c	dects to be a '	'Limited	Liability	Limited	Partnership.'

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

[☐] This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

Affective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 da	iys after the date this document is filed by the Fiorida Department o
faic.)	he applicable statutory filing requirements, this date will not
e fisten as the document's estretive date on the Depa	intent of State Steelings.
signature(s) of a general partner or all gen	neral partners*:
	d to sign this document unless the limited pathership is adding or tion statement. Chapter 620, F.S., requires all general partners to sign partnership" election statement.)
Liberty Hotel Fund I GP, LLC	
By: Liberty Investment Properties, Inc., its Manag	jer
The state of the s	
By: Adam Mikkeison, President	
Signature(s) of all new or dissociating gen	eral partner(s), if any.
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	