L050009 663

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TO:	Registration Section Division of Corpora				.•··
×U BJE	CT:	Name of Limit	LEGS IVA LLC ted Liability Company		
The end	losed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	9.00 g 1.00 g	्र ड ं
Please r	eturn all corresponden	ce concerning this matter	to the following:	وران مران مران	1 E 1
		P	unit R. Shah		F PH 4:57
		1 (Name of Person		ું દા આ દા
		Liber	ty Group	;	
	_	-	Firm/Company		
	_(Onetampa	City Center, Su	ite 2570	
	,	Tampo	1FL 33602		
	_	Kath E-mail address: (to	City/State and Zip Code Y DETTICAL De used for future annual report notification	2)W	
For furt	her information conce	rning this matter, please ca	all:		
	Kathy C	anwels	at, 813 280-2	000	
	Name of Pers	on	Area Code & Daytime Te	lephone Number	
Enclose	d is a check for the fol	lowing amount:			
X \$25.	00 Filing Fee .	\$30.00 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 o	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Liberty Leasing	LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO 500091663</u>	were filed on 9/19/05	and assigned
This amendment is submitted to amend the following:		2
A. If amending name, enter the new name of the limited liab	ility company here:	PH 4:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	One Tampa City Soute 2570 Tampa Fi 330	Center 602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	One Tampa City Suite 2570 J Tampa Fi 336	Center 02
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	. 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shah, Punit R	One tampa Cuty Center Surk 2570 Tampa Fi 33602	_ was folds
MGR		Surt 2570	Remove
		Tampa FZ 33602	
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	D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	•	
à	Dated	July 29 2013
,		PShal
		Signature of a member or authorized representative of a member
		Punit (2 Shah Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00