L0600070917

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
, (Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:
·		

Office Use Only



900249989179

08/14/13--01023--010 **25.00

13 AUG 14 PH 4: 04

AUG 19 2013 D. **BU**TLER

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	Liberty Busch Gardens LC	ું છે
A DUBOT	Name of Limited Liability Company	13 AUG
		41.9
The enclose	d Articles of Amendment and fee(s) are submitted for filing.	和 图 4.04
Please retur	n all correspondence concerning this matter to the following:	Tien F
	Purit R Shah	
	Name of Person	
	Liberty Group	
	Firm/Company	
	One tampa City Center, Sinte 2570	
	Tampa FZ 33602	
	City/State and Zip Code Athy Derty G. Com E-mail address: (ty) be used for future annual report notification)	•
For further i	information concerning this matter, please call:	
�	Cothy Canwels at 813 280-2000	
	Mame of Person Area Code & Daytime Telephone Number	
Enclosed is	a check for the following amount:	
\$25.00 F	iling Fee	

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 Busch &	ardensLLC
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	F PH II OS
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	One Tampa City Center Suite 2570
	Tampa Fi 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	One Tampa City Center Suite 2570
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
Now Decistered Agent's Signature of shougher Designatured Assessed	

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

Page 1 of 3

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>	Name	Address	Type of Action
MGR-	Shahtlospitality Partners LLC	One tampa Cuty Center Suft 2570 Tampa Fi 33602	Add Add
		Tampa Fi 33602	
			Add
			Remove
			Add
			Remove
			_
<u></u>			Add
			—
			Remove
		Ž*	Add
			Remove
			_

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	July 29, 2013.
	PShot
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 AUG I 4 PH 4: QS