## L0700050241

(Requestor	's Name)
(Address)	<del></del>
(Address)	· · · · · · · · · · · · · · · · · · ·
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Document	t Number)
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<sub>NIG 19</sub>2013 D. BUTLER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: LIBER	Marne of Limited Lial	MENTS LLC bility Company	73 AUG 1
The enclosed Articles of Amendment an	d fee(s) are submitted	for filing.	14 PM 4:55
Please return all correspondence concern	ning this matter to the f	following:	
	Pani	+R-Shah	· The control of th
	N	iame of Person	
<u></u>	Liberty	Group	
	, (F	irm/Company	
One	tampa Ci	ty Center, Sw	le 2570
		Address	
	TampaF	2 33602	
<del></del>	Kathy (a	state and Zip Code  DUSCHUG & C  d for future annual report notification	
For further information concerning this r	natter, please call:	,	
- Kathy Canw	els	at 813 280-20	000
Name of Person		Area Code & Daytime Tele	phone Number
Enclosed is a check for the following am	ount:		
\$25.00 Filing Fee	ate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclosed)	O\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

· Libery In	vestments LLC	्र <b>ड</b>
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	ALIG I
The Articles of Organization for this Limited Liability Company Florida document number	5/11/27	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	.*
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	One Tampa City of Suite 2570 J Tampa FL 336	Center 02
Enter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE BOX)	One Tampa City ( Suite 2570 Tampa Fz 33160	enter 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	<b>5</b> 5
<del></del>	, Florida	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 Name Shah, Punot R One Tampa City Center Dad Tampa FZ 33602 13577 Feather Sound Dr Clearwater F2 33762 Remove Remove Remove

•	
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Dated	July 29. 2013.
	DANO
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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