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COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT:	Liberty tho	thlands Lie	
TOBSECT:	Name of Limit	d Liability Company	
	•		્રી. ಪ
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.	3 AUG
Please return all corr	respondence concerning this matter	to the following:	
	P.	. (000	P
	Liber	Name of Person Hy Group	26
	Onetampa		te 2570
	Tampo	Address 1FZ 33602	
	Kathu E-mail address: (to	City/State and Zip Code (a) LUDET + 1 G. C be used for future annual report notification	UM
For further informati	on concerning this matter, please ca	ill:	
Kath	y Canwels	at 813 280-26	000
N/a	me of Person	· Area Code & Daytime Tele	ephone Number
Enclosed is a check i	for the following amount:		
\$25.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

· Liberty Highland	SLLC.	
(Name of the Limited Liability Compa	ny as it now appears on our records.)	
The Articles of Organization for this Limited I iskiliry Company Florida document number	Liability Company)	and assigned
This amendment is submitted to amend the following:		P P
A. If amending name, enter the new name of the limited liab	pility company here:	7000 and 1000
		27
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited 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 Cuti Soute 2570 \ Tampa Fi 33	y Center 602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	One Tampa Citi Suite 2570 Tampa Fi 336	Center 02
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	, 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:

MGRM = Managing Member <u>Address</u> <u>Title</u> <u>Name</u> Dre tampa Cuty Center Sut 2570 Tampa Fi 33602 Remove Remove Remove Remove

MGR = Manager

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		<u> </u>
Dated	July 29, 2013.	
ated	July 29. 2013.	· ·
Dated	July 29 . 2013 Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00

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