

LO7000084131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

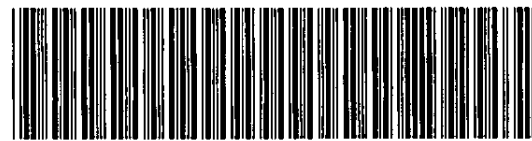
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/14/13--01023--013 **25.00

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13 AUG 14 PM 4:26
Clerk of Superior Court
11th Floor
1000 Bankers Building
Asheville, NC 28801

AUG 19 2013
D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Liberty Highlands LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Punit R Shah
Name of Person

Liberty Group
Firm/Company

One Tampa City Center, Suite 2570
Address

Tampa FL 33602
City/State and Zip Code

Kathy@LibertyG.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Cauwels at 813 280-2000
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 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

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 13 AUG 14 PM 4:26
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Liberty Highlands LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/14/07 and assigned

Florida document number LO7000084131

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TAMPA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

One Tampa City Center
Suite 2570
Tampa FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

One Tampa City Center
Suite 2570
Tampa FL 33602

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

Title	Name	Address	Type of Action
MGR	Shakti Hospitality Partners LLC	One Tampa City Center Suite 2570 Tampa FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <i>Address Change</i>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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N/A

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 29, 2013.

P. Shah

Signature of a member or authorized representative of a member

Punit R Shah

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE OF MICHIGAN