LD7000101901

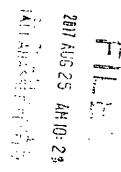
| (Requestor's Name) |
|--|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| (Cooding of the Cooding of the Coodi |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



400302879044

08/25/17--01012--025 **25.00



I'M SO MET RIE

COVER LETTER

| eub ir ex | | IOSPITALITY MANAGEME | ENT, LLC | | | | |
|---|------------------|---|---|---|--|--|--|
| SUBJECT | : | Name of Limited Liability Company | | | | | |
| The enclose | ed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please retu | rn all correspor | edence concerning this matter | to the following: | | | | |
| | | Nina Osbahr | | | | | |
| Name of Person | | | | | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nina Osbahr | | | | | | | |
| | | | Firm/Company | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | - · · · · · · · · · · · · · · · · · · · | | | | | |
| | | · | · | cation) | | | |
| For further | information co | ncerning this matter, please ca | all: | | | | |
| Nina Osba | hr | | | | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | | |
| Enclosed is | a check for the | e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LIBERTY HOSPITALITY MANAGEMENT, 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 $\frac{10/8}{07}$ and assigned Florida document number ____L07000101901 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 800 S Harbour Island Blvd, Tampa. FL 33602 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 800 S Harbour Island Blvd, Tampa, FL :33602 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 800 S Harbour Island Blvd New Registered Office Address: Enter Florida street address , Florida 33602 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 605, 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.

City

Tampa

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|-------------|---------------------------|----------------|
| MGR | Punit Shah | 201 N Franklin St 2570 | |
| | | One Tampa City Center | ■ Remove |
| | | Tampa, FL 33602 | ☐ Change |
| MGR | Punit Shah | 800 S Harbour Island Blvd | ■ Adđ |
| | | Tampa, FL 33602 | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| _ | | | 281 ZAUG |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add Remove |
| | | | □ Change |

| If amending any other information | enter change(s) here: (Attach additional sheets, if n | ecessary.) |
|--|--|-----------------------------------|
| | | |
| | | |
| | | |
| | | - |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Note: If the date inserted in this block of document's effective date on the Depar | ective date, but not an effective time, at 12:0 | this date will not be listed as t |
| Dated August 22 | 2017 | |
| | | 20 Z |
|) | ature of a member or authorized representative of a member | A106 2 pr |
| Punit Shah | Typed or printed name of signee | <u> </u> |
| | | |
| | Page 3 of 3 | 5 C |

Filing Fee: \$25.00