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AUG 19 2013 D. BUTLER

COVER LETTER

TO: Registration Section ADivision of Corporations	j.
Name of Limited Liability Company	3 AUG 1
The enclosed Articles of Amendment and fee(s) are submitted for filing.	AUG I H PH 4: 07
Please return all correspondence concerning this matter to the following:	(1) (2) (2)
Purit R Shah	74 <u> </u>
Name of Person	
Liberty Group	
Firm/Company	٦.
One tampa City Center, Stute 257	10
Tampa FZ 33602	
Kathy (a) Lyberty G. 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 \$\times \text{S25.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Co (additional copy is enclosed)} \text{Certified Co (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	f Status &

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 ARTICLES OF ORGANIZATION

· Liberty Clearwate	r Investments LC
(Name of the Limited Liability Compar	ay as it now appears on our records.
The Articles of Organization for this Limited Liability Company Florida document number	111410 6 5
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	One Tampa City Center
(Principal office address MUST BE A STREET ADDRESS)	Suite 2570 J Tampa Fi 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	One Tampa City Center Suite 2570 Tampa Fi 331602
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u> :
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

<u>Title</u>	Name	Address	Type of Action
MGR_	Shap Hospitality	One Tampa Cuty Center Surk 2570 Tampa Fi 33602	and fldrag
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		Tampate 33602	<u> </u>
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v. 11	amenting any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• Dated	July 29. 2013.
•	D Shel
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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