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COVER LETTER

TO: Registration Section Division of Corporations		
Name of Lim	SCFENET IN ESTY nited Liability Company	MENTS LLC
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	्रिक् इंक्ट्रेंट डॉ
_	Parit R Shah	
Liber	Name of Person Hy Group Firm/Company	AUG 14 PH 5: 08
Onetampo	a Coty Center, St	ite 2570
Tamp	aFL 33602	
E-mail address:	City/State and Zip Code Y	ON ion)
For further information concerning this matter, please	call:	
Kathy Cauwels Kame of Person	at (813 280-6 Area Code & Daytime To	elephone Number
Enclosed is a check for the following amount:		
\$25.00 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:	STREET/COURIER Pagistration Section	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	Liberty Seffrer	-Investments L	C
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company)	,
The Articles of Organization	on for this Limited Liability Company	y were filed on 11/4/10	and assigned
	ted to amend the following:	bility company here:	13 AUG II
· 			
The new name must be distinued in the control of th	nguishable and end with the words "Lim	ited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offic (Principal office address M	es address, if applicable: MUST BE A STREET ADDRESS)	One Tampa Cu Suite 2570 Tampa Fi 3	ty Center 3602
Enter new mailing address (Mailing address MAY BE	, •••	One Tampa Cut Scrite 2570 Tampa Fiz 33	y Center 602
	istered agent and/or registered of ne new registered office address her	ffice address on our records, <u>ent</u> re:	er the name of the new
Name of New Re	gistered Agent:		
New Registered C	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>	<u>Name</u>	Address	Type of Action
MGR	PRS1 Investments LIC	One tampa Cuty Center Sut 2570 Tampa Fi 33602	Add Rethove
		Tampa FZ 33602	
<u></u>			Add Remove
			Add
			CG Add
			Remove
			_
			Remove
			Add

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

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Filing Fee: \$25.00

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