

40000125694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Business Entity Name)

(Document Number)

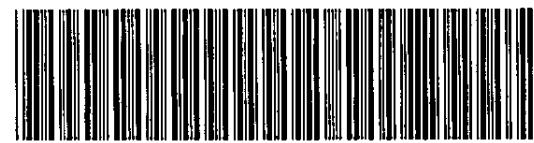
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRS1 Investments LLC
Name of Limited Liability Company

13 AUG 14 PM 5:12

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

Name of Person

813 280-2000

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PRS1 Investments 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 12/7/10
Florida document number L10000125694

13 AUG 14 PM 5:12
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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Punit Shah</u>	<u>One Tampa City Center</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>Suit 2570</u>	
		<u>Tampa FL 33602</u>	
<u>MGR</u>	<u>Shah Hospitality</u>	<u>13577 Feather Sound Dr</u>	<input type="checkbox"/> Add
	<u>Partners LLC</u>	<u>Ste 520</u>	<input checked="" type="checkbox"/> Remove
		<u>Clearwater FL 33762</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated July 29, 2013

DShah

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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