L10000125699

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COVER LETTER

TO:		istration Sec sion of Corp					
SUBJE		PRS2 Invest	ments LLC				
SUBJE	CI;		Name of Lim	ited Liability Company		-	
			Amendment and fee(s) are sub				
Please r	eturn	all correspor	ndence concerning this matter	to the following:			
			Nina Osbahr				
				Name of Person			
Liberty Group							
			800 S Harbour Island Blvd				
				Address		- - , `	
			Tampa, FL 33602				
			nosbahr@libertygrouphotel	City/State and Zip Code s.com			
				to be used for future annual	report notification)	- -	
For furt	her in	formation co	oncerning this matter, please c	all:		- 3	
Nina O	sbahr			813 28	30-2000 x20	, ,	
_		Name of	Person	Area Code	Daytime Telephone Nun	aber	
Enclose	d is a	check for th	e following amount:				
\$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certif closed) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	
		MAILI	NG ADDRESS:	STREE	T/COURIER ADDRESS	i:	

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

PRS2 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 _____ and assigned Florida document number _____L10000125699 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 Tampa

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

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>	<u>Address</u>	Type of Action
MGR	PRS2 Investments LLC	201 N Franklin St 2570	
		One Tampa City Center	■ Remove
		Tampa. FL 33602	☐ Change
MGR	PRS2 Investments LLC	800 S Harbour Island Blvd	
		Tampa. FL 33602	Remove
			□ Change
			Add
			Remove
			Add
			□ Remove
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Note:	feetive date, if other than the date of filing: feetive date is listed, the date must be specific and cannot be prior to date of fil If the date inserted in this block does not meet the applicable statuto ment's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as
	cord specifies a delayed effective date, but not an effect 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier of
Dated	August 22	

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Typed or printed name of signee

Filing Fee: \$25.00