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COVER LETTER

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TO: Registration So Division of Cor		•	
SUBJECT:	iberty Ocal	a Investments	LLC
	Name of Limi	ted Liability Company	
			5
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	16 1
Please return all correspo	ondence concerning this matter	to the following:	
	P	unit R Shah	13 AUG 14 PH 5: 02
	Liber	44 Group AFIRM/Company	\$ ₹
	Onetampa	() 2	ite 2570
	Tampa	aFZ 33602	
	E-mail address: (i	City/State and Zip Code (A) LUDETHUE (C) (C) (be used for future annual report notification	On)
For further information c	oncerning this matter, please ca	all:	
Kathy	Cauwels	at (813 280-6 Area Code & Daytime Te	COO
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	Q\$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 Ocala	ithrestments LC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1000 4704.7 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	y were filed on 4/00/11 and assigned
A. If amending name, enter the Merr hams to safe assisted assisted	34. 0
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	One Tampa Cuty Center Soute 2570 Tampa Fr 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	One Tampa City Center Suite 2570 Tampa Fiz 331602
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	office address on our records, enter the name of the new
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	PRS1 Investments	One Tampa Cuty Center Sut 2570 Tampa Fi 33602	Add Tust
		Tampa Fi 33602	
			_
			_ L Remove
			_ Add
			Remove
			Add Remove 5: 02
			Remove SO 02
		**	N Add
			Remove
			Add
			Remove

D. Lfame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	T 1 00 0.3
Dated	July 29. 2013.
	DShah
	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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