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(Re	questor's Name)	
(Ad	dress)	
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(Do	ocument Number)	
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AUG 19 2013 D. BUTLER

COVER LETTER.

TO: Registration S Division of Co		*		
·]_(\	DRY Brade 1	ton Investment	BLIC	
NUBJECT:	Name of Limit	ted Liability Company		
	,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	is and	1
Please return all correspondent	ondence concerning this matter	to the following:		ا م
	P	With R Shah	14 PH 4: 03	, for all 1
	Liber	44 Group AFIRM/Company	3.5.17	
	Onetampa		te 2570	
	Tampo	1FZ 33602		
	E-mail address: (t	City/State and Zip Code Y (2) LUDET+1 (3 a C) be used for future annual report notification	DM	
For further information of	concerning this matter, please co	all:		
Kathy	Canwels	ar 813 280-20	000	
Name	of Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check for t	he 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

· Liberty Bradenton I	reestments LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	Salu
This amendment is submitted to amend the following:	4.5
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"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)	Sute 2570 J Tampa Fr 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	One Tampa City Center Suite 2570 Tampa Fr. 331602
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Non-Dischard America Company of the order Dischard America	

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>		Type of Action
MGR	PRS1 Investments	one Tampa City Center	_ DAdd Cho
	HC	Suite 2570	Remove
		One Tampa City Couter Soute 2570 Tampa Fr 33602	_
			Add
			Remove
			_
			Add
			Remove
			
		1 m	Add ·
			Remove
			P
			Add
,		223	Remove
			_
			Add
			Remove
			· ·

D. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
Dated	July 29. 2013
	PShab
	Signature of a member or authorized representative of a member Puni+ C Shah
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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