F13000/38386

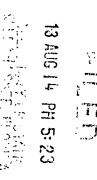
(Requ	estor's Name)	
(Addre	ess)	······································
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(City/S	State/Zip/Phone	e #)
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: SHP Tamp	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.	(2) (3)
Please return all correspondence concerning this matter	er to the following:	2 5
+	Part R Shah Name of Person	PH 5: 23
Libe Onetama	rty Group Jeinn/Company 2 City Couter. St	ite 2570
<u> </u>	Address	
Tamp	aFL 33602	
E-mail address:	City/State and Zip Code (Id be used for future annual report notificat	ON ion)
For further information concerning this matter, please	call:	
Kathy Cauwels Name of Person	at (813 280-6 Area Code & Daytime To	OOO 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	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

· SHP Tampa	LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	हरू ने डॉ
The Articles of Organization for this Limited Liability Company Florida document number	10/2/2010	339
This amendment is submitted to amend the following:		් දා 📆
A. If amending name, enter the new name of the limited liab	ility company here:	23
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	One Tampa Coty	Center
(Principal office address MUST BE A STREET ADDRESS)	Soute 2570 J Tampa FL 330	602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	One Tampa City Suite 2570 J Tampa Fr 336	Center 02
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Face Florida and 11	
	Enter Florida street add	ress
	, Florida	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

Title	<u>Name</u>	Address	Type of Action
MGR	PRSI Investments	One tampa Cuty Center Surk 2570 Tampa Fi 33602	- Dada Hodre
		Tampa FZ 33602	Remove
			Add
		**************************************	Remove
			Add
			Remove
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			Remove
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•	
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Dated	July 29, 2013.
	PShal
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00