## 13000114296

(Re	questor's Name)	
(Ada	dress)	<del></del>
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nami	e)
(Do-	cument Number)	
Certified Copies	_ Certificates (	of Status
Special Instructions to	Filing Officer:	

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DIVISION OF CORPORATIONS

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## COVER LETTER

TO: Registration Sect Division of Corpo			
LHF1 Manag			
		d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	tted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Nina Osbahr		
		Name of Person	<del></del>
	Liberty Group		
		Firm/Company	
	800 S Harbour Island Blvd		
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	<del></del>
	nosbahr@libertygrouphotels.c	be used for future annual report notificat	ion)
For further information cor	ncerning this matter, please call	:	
Nina Osbahr		813 280-2000 x20	
Name of	Person	Area Code Daytime Te	lephone 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

OF

LHF1 Manager LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 8/13/13

ment number L13000114296

ment is submitted to award the following:

The Articles of Organization for this Limited Li	ability Company	were filed on 8/13/13 and assigned
Florida document number L13000114296	·	were filed on 8/13/13 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liah	oility company here:
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	800 S Harbour Island Blvd, Tampa, FL 33602
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		800 S Harbour Island Blvd, Tampa, FL 33602
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/ registered agent and/or the new registered of		ffice address on our records, <u>enter the name of the ne</u> e:
Name of New Registered Agent:		
New Registered Office Address:	800 S Harbour	Island Blvd  Enter Florida street address
	Tampa	Florida 33602

## 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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Punit Shah	201 N Franklin St 2570	Add
		Tampa, FL 33602	■ Remove
			☐ Change
MGR	Punit Shah	800 S Harbour Island Blvd	
		Tampa, FL 33602	□ Remove
		<del></del>	Change
			Add
			Remove
			Remove FILED  ONVISION OF CHARGE CHARGE  Change
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Effective date, If an effective date Note: If the dat document's effe	e inserted in th	is block does r	ot meet the a	ipplicable stati	filing or more tha story filing requ	(option n 90 days after fi irements, this c	i <b>al)</b> ling.) Pursuant to 60 late will not be lis	)5,0207 (3 ted as th
he record spe The 90th da				ut not an eff	ective time,	at 12:01 a.	m. on the earl	ier of:
Dated August 2	2		2017					
		$(\chi$	'Xh					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00