115000000034

(Requestor's Name)	
(Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	· -
<u> </u>		
(Document Number)	
tified Copies	Certificates of	Status
pecial Instructions	to Filing Officer:	
peciai instructions	to Filling Officer.	

Office Use Only



200302005452

08/01/17--01000--614 *-25.60



AUG 0 3 2017 J SHIVERS

COVER LETTER

Div	ision of Cor			
JBJECT:	LHF1 Hatti	esburg LLC		
DJEC1:	Name of Limited Liability Company			
ne enclosed	f Articles of a	Amendment and fee(s) are sub	mitted for filing.	
ease return	all correspo	ndence concerning this matter	to the following:	
		Nina Osbahr		
			Name of Person	
		Liberty Group		
			Firm/Company	
		800 S Harbour Island Blvd	l	
			Address	
		Tampa, Fl. 33602		
		nosbahr@libertygrouphotel	ľ	
or further i	nformation co	h-mail address; (oncerning this matter, please c	to be used for future annual repor	t notification)
ina Osbah	r		813 280 200	00
	Name of	f Person	Area Code D	aytime Telephone Number
nclosed is a	a check for th	ne following amount:		
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ussee, FL 32314	Registration S Division of C Clifton Buildi	orporations ing ve Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LHF1 Hattiesburg LLC		[
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears o ability Company)	n our records.)	
e Articles of Organization for this Limited Li				and assigned
orida document number L15000066834				
is amendment is submitted to amend the follo	owing:			
If amending name, enter the new name of	f the limited liabil	ity company here	;	
new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company, the desi	gnation "LLC" or the abb	oreviation "L.L.C."
ter new principal offices address, if applic	able:	800 S Harbour Isla	and Blvd, Tampa, FL	33602
rincipal office address MUST BE A STREE	T ADDRESS)			····
ter new mailing address, if applicable:		800 S Harbour Isla	and Blvd, Tampa, FL	33602
ailing address MAY BE A POST OFFICE	BOX)			
If amending the registered agent and/ gistered agent and/or the new registered of			ur records, enter	the name of the nev
gistered agent and/or the new registered of	ince aduress nere			Σ'.
N CN P IA		!	<i>:</i>	16 1
Name of New Registered Agent:	900 C Hadrana I	alamad Dlavel		1 5
New Registered Office Address:	800 S Harbour I	<u></u>	a street address	
	Tomas	10.11	~	n = -
	Tampa	City	Florida 336	Zip Gode ~
w Registered Agent's Signature, if changing l	Registered Agent:	1	FILE A	Zip Gode ~
nereby accept the appointment as registere ovisions of all statutes relative to the prop cept the obligations of my position as regi ing filed to merely reflect a change in the mpany has been notified in writing of this	er and complete p istered agent as p registered office o	performance of m rovided for in Ch	y duties, and I am fo apter 605, F.S. Or,	amiliar with and if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
GR ——	LHF1 Manager LLC	201 N Franklin St 2570	🗖 Add
		Tampa, FL 33602	■ Remove
			Change
GR	LHF1 Manager LLC	800 South Harbour Island Blvd	■ Add
		Tampa, FL 33602	☐ Remove
			□ Change
			Add
			Remove
			□ Change
			Remove
			Change
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			
			☐ Remove
			Change

. ·		B.(-)		sheets, if necessar		
						-
•	· ·			<u></u>		_
	<u> </u>			- .		_
						_
					_	_
		_		-		_
					·	_
		············	1		·-·:	
	· · ·				7. 17. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	_
					200 -	- :
				-	55	
		·· ·		• .	7	! .
	-				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	- *
		-			-}	_
-						_
		-				_
Tective date, if othe an effective date is listed,	r than the date of f	iling: 07/27/17	data of tiling of more th	optional		ns 02077
ote: If the date inserted to be a comment's effective date.	ed in this block does r	not meet the applicab	le statutory filing req	uirements, this date	e will not be lis	sted as th
record specifies The 90th day afte			an effective time	, at 12:01 a.m.	on the ear	lier of:
ated JULY		2017		_		
	Signature	of a member or authori	zed representative of a	member		
Punit Shah		Typed or printed	· · · · · · · · · · · · · · · · · · ·			

Page 3 of 3

Filing Fee: \$25.00