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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	-





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10/02/15--01022--008 **25.00

2015 OCT 12 AH IO: 46
SECRETARY OF STATE
AND ANASSEE FERSION

OCT 13 2015 J. HARRIS

COVÊR LETTER

	Registration Sec Division of Corp			
CUD IDA	Liberty Ver	o LLC		
SUBJEC	.1;	Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspon	ndence concerning this matter	to the following:	
		Nina Osbahr		
			Name of Person	
		Liberty Group		
			Firm/Company	
		201 N Franklin St, Ste 257	0	
		.	Address	
		Tampa FL 33602		
			City/State and Zip Code	
		nosbahr@libertygrouphotel		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Nina Osl			813 280-2000 x20	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2015

NINA OSBAHR LIBERTY GROUP 201 N FRANLIN ST, STE 2570 TAMPA, FL 33602

SUBJECT: LIBERTY VERO LLC Ref. Number: L15000131168

15 OCT 12 MHID: 50

We have received your document for LIBERTY VERO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 015A00021166

2015 OCT 12 AM 10: 46

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Liberty Vero LLC		
(<u>Name of the Lin</u>	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 7/	and assigned
Florida document number L15000131168	•	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	2015 FALL 1 ALL
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		<u> </u>
		S TO T
Enter new mailing address, if applicable:		70 6
Mailing address MAY BE A POST OFFICI	E BOX)	22
B. If amending the registered agent and egistered agent and/or the new registered	d/or registered office address on office address here:	our records, enter the name of the r
Name of New Registered Agent:	PRS1 Manager LLC	
	PRS1 Manager LLC 201 N Franklin St, Ste 2570	
Name of New Registered Agent: New Registered Office Address:	201 N Franklin St, Ste 2570	rida street address
	201 N Franklin St, Ste 2570	ida street address, Florida 33602

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PRS1 Manager LLC	201 N Franklin St, Ste 2570	🛱 Add
		Tampa, FL 33602	□ Remove
			☐ Change
MGR	Punit Shah	201 N Franklin St, Ste 2570	□ Add
		Tampa, FL 33602	■ Remove
			Change
			Add
	·		☐ Remove
			Change
			□ Add □ Remove □ S S S S S S S S S S S S S S S S S S S
			Add Remove
			Change
			Add
			□ Remove
			□ Change

	Punit Shah Typed or printed name of signee	112 MID: 4
	Signature of a member or authorized representative of a member	ARE 00:
		201 TAL
Dated .	October 1, 2015	
he rec	cord specifies a delayed effective date, but not an effective time, at 12:03 90th day after the record is filed.	l a.m. on the earlier of:
aocum	nent's effective date on the Department of State's records.	
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at If the date inserted in this block does not meet the applicable statutory filing requirements, the provide a ffective date on the Department of State's records.	ter filing.) Pursuant to 605.0207 (his date will not be listed as t
Effecti	ive date, if other than the date of filing:	otional)
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Filing Fee: \$25.00