L15000131174

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COVER LETTER

Division of Cor							
Liberty Ve	ro CI LLC						
JBJECT:	Name of Lim	ited Liability Company					
e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
ease return all correspo	ondence concerning this matter	to the following:					
	Nina Osbahr						
		Name of Person					
	Liberty Group						
	 .	Firm/Company	 _				
	800 S Harbour Island Blvd	I					
	•	Address					
	Tampa, FL 33602						
		City/State and Zip Code					
	nosbahr@libertygrouphotel						
	E-mail address: (to be used for future annual re	port notification)				
r further information of	concerning this matter, please co	all:					
ina Osbahr		813 280-	2000				
Name c	of Person	Area Code	Daytime Telephone Number				
iclosed is a check for t	_						
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &				
MAIL	ING ADDRESS:		 COURIER ADDRESS:				
	ration Section on of Corporations	Registratio	n Section f Corporations				
	ion of Corporations Sox 6327	Clifton Bu					
	assee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liberty Vero CI LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on $\frac{7/31/15}{2}$ and assigned orida document number ____L15000131174 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 800 S Harbour Island Blvd, Tampa, FL 33602 ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) 800 S Harbour Island Blvd, Tampa, FL 33602 ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new <u>sistered agent and/or the new registered office address here:</u> Name of New Registered Agent: 800 S Harbour Island Blvd New Registered Office Address: Tampa City

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

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	PRSI Manager LLC	201 N Franklin St 2570	
		Tampa, FL 33602	Remove
			Change
GR	PRS1 Manager LLC	800 South Harbour, Island Blvd	🖨 Add
		Tampa, FL 33602	Remove
			□ Change
			Add
		- · · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
		<u>. </u>	Remove
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			☐ Change
		· · · · · · · · · · · · · · · · · · ·	🗖 Remove
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mending any o	ther informati	on, enter chan	ge(s) here: <i>(.</i> -	Attach additional	sheets, if nece	ssary.)	
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n effective date is li te: If the date in		date of filing: _ be specific and car ck does not mee	nnot be prior to da t the applicable	ate of filing or more the statutory filing rec		filing.) Pursuant to	
record specif The 90th day	ies a delayed after the reco	effective dat ord is filed.	e, but not ar	n effective time	e, at 12:01 a	.m. on the ea	arlier
tedJu	LY 27		12017.	J			
		Signature of a men	nber or authorize	d representative of a	member		_
Punit Sh	iah			!			
r unit 31							_
		Ту	ped or printed na	ime of signee			

Filing Fee: \$25.00