

L15000178236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

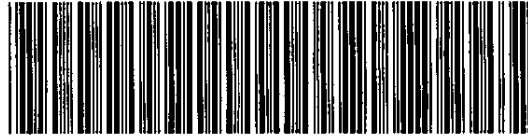
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBERTY ZEPHYRHILLS INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERIE A. HANLEY, PARALEGAL

Name of Person

ENGLANDER FISCHER

Firm/Company

721 FIRST AVENUE NORTH

Address

ST. PETERSBURG, FL 33701

City/State and Zip Code

CHANLEY@EFLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERIE A. HANLEY

727 898-7210 EXT. 242
at ()

Name of Person

Area Code

Daytime Telephone 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

**AMENDED ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

1. The name of the Limited Liability Company is:

LIBERTY ZEPHYRHILLS INVESTMENTS, LLC

ARTICLE II – Address:

2. The Florida document/registration number assigned to this limited liability company is:

L15000138236

The mailing and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6815 Gall Blvd.
Zephyrhills, FL 33542

Mailing Address:

6815 Gall Blvd.
Zephyrhills, FL 33542

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

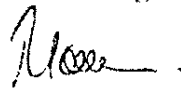
(The Limited Liability Company cannot serve as its own Registered Agent.

You must designate an individual or another business entity with an active Florida
registration.)

The name and the Florida street address of the registered agent are:

MDK Hospitality Partners
6815 Gall Blvd.
Zephyrhills, FL 33542

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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.



MDK Hospitality Partners

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TALLAHASSEE, FLORIDA

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Rajiv Kanani
6815 Gall Blvd
Zephyrhills, FL 33542

MGR

Rashmikan Kanani
6815 Gall Blvd
Zephyrhills, FL 33542

ARTICLE V:

Effective date, if other than the date of filing: N/A (Optional)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

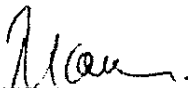
ARTICLE VI: Other provisions, if any.

These Amended Articles of Incorporation shall supersede all prior Articles of Incorporation.

The purpose for which the Limited Liability Company is organized is:

Any and all lawful business.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RAJIV KANANI, MANAGER
(Typed or printed name of signee)

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DEPARTMENT OF STATE
FLORIDA