L15000139274

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| рэл) | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | iness Entity Nar | ne) |
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| (Doc | ument Number) | |
| | | |
| Certified Copies | Certificates | s of Status |
| | | |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| | egistration Sec vision of Corp | | | |
|--------------|-----------------------------------|--|---|---|
| SUBJECT | PRS1 Mana | ger LLC | | |
| SOBJECT | | Name of Limi | ited Liability Company | |
| | | | | |
| Please retui | n att correspor | idence concerning this matter i | to the following: | |
| | | Nina Osbahr | | |
| | | Name of Limited Liability Company Principles of Amendment and fee(s) are submitted for filing. Correspondence concerning this matter to the following: Nina Osbahr Name of Person Liberty Group Firm/Company 800 S Harbour Island Blvd Address Tampa, FL 33602 City/State and Zip Code nosbahr@libertygrouphotels.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: Name of Person Reck for the following amount: | | |
| | | | | |
| | | | Firm/Company | |
| | | 800 S Harbour Island Blvd | Firm/Company Harbour Island Blvd Address , FL 33602 | |
| | | | Address | |
| | | Address Tampa, FL 33602 City/State and Zip Code nosbahr@libertygrouphotels.com | | |
| | | nachahu Olihartuuraunhatal | · | Address tte and Zip Code for future annual report notification) 813 280-2000 x20 |
| | | | | ıtion) |
| For further | information co | oncerning this matter, please ca | all: | |
| Nina Osba | hr | | | |
| | Name of | Person | | elephone Number |
| Enclosed is | a check for th | e following amount: | | |
| \$25.00 | Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

TO:

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

| L15000139274 | Liability Compa | ny were filed on 8/14 | /15 | 1 . |
|---|--------------------|---|--|--|
| ad to amoud the f-1 | | | | and assigned |
| ted to amend the fol- | lowing: | | | |
| ter the new name o | of the limited li | ability company her | <u>e</u> : | |
| ishable and contain the | words "Limited Lia | ability Company," the de | signation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 800 S Harbour Is | 800 S Harbour Island Blvd, Tampa, FL 33602 | |
| MUST BE A STRE | <u>ET ADDRESS)</u> | | | |
| | | | | |
| ss, if applicable: | | 800 S Harbour Is | land Blvd, Tampa, FL | 33602 |
| E A POST OFFICE | BOX) | | | |
| | | | | |
| | ~ | | our records, <u>enter</u> | the name of th |
| gistered Agent: | | | | |
| Office Address: | 800 S Harbo | | | |
| | _ | Enter Florie | | |
| | Tampa | | Florida <u>33</u> | 602 Zip Code |
| <u>h</u> | e new registered (| e new registered office address h gistered Agent: Office Address: 800 S Harbo | e new registered office address here: distered Agent: effice Address: 800 S Harbour Island Blvd Enter Florid | tistered Agent: ### Supply of the Address here: ### Supply of th |

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 amfamiliativith 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------|----------------|
| MGR | Punit Shah | 201 N Franklin St 2570 | |
| | | One Tampa City Center | Remove |
| | | Tampa, FL 33602 | Change |
| MGR | Punit Shah | 800 S Harbour Island Blvd | Add |
| | | Tampa. FL 33602 | □ Remove |
| | | | Change |
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| | | | Remove |
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| Tective date, if other than t an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the | s block does not meet the | applicable statutory filin | ore than 90 days after the grequirements, this of | nal) iling.) Pursuant to 605.020 date will not be listed a |
| | | | | |
| record specifies a delay The 90th day after the r | | out not an effective t | ime, at 12:01 a. | m. on the earlier |
| August 22 | 2017 | 7 | | *** |
| | (χ) | | | 17 AUG |
| | Signature of a member | or authorized representative | of a member | - - 2 |
| Punit Shah | | | | |
| | | | | |

Page 3 of 3

Filing Fee: \$25.00