L15000153261

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AUG 0 3 2017 J SHIVERS

	gistration Sec rision of Corp			
NID IEZYE	Liberty Pier	ce LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returr	ı all correspoi	ndence concerning this matter	to the following:	
		Nina Osbahr	-	
			Name of Person	
		Liberty Group		
			Firm/Company	
		800 S Harbour Island Blvd	1	
		-	Address	-
		Tampa, FL 33602		
			City/State and Zip Code	-
		nosbahr@libertygrouphotel	1	
		E-mail address: (to be used for future annual repor	rt notification)
For further i	nformation co	oncerning this matter, please ca	all:	
Nina Osbah	ır		S13 280-20	00
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &

COVER LETTER

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liberty Pierce LLC	<u></u>						
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	ny as it now appears Jiability Company)	on our records.)				
the Articles of Organization for this Limited L. lorida document number \frac{L15000153261}{\text{1.5000153261}}	iability Company	were filed on 09/1	4/15 and assigned				
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	of the limited liab	ility company her	<u>e</u> :				
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applic	cable:	800 S Harbour Is	land Blvd. Tampa, FL 33602				
Principal office address MUST BE A STREI							
Enter new mailing address, if applicable:		800 S Harbour Island Blvd, Tampa, FL 33602					
Mailing addr <u>ess MAY BE A POST OFFICE</u>	BOX)						
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			our records, enter the name of the no				
New Registered Office Address:	800 S Harbour	(A)					
rewingstered office Hadress.		Enter Floria	ida street address				
	Tampa		Florida 33602				
		City	Zip Gode				
		Ì	-				
Sew Registered Agent's Signature, if changing	Registered Agent:		_				
hereby accept the appointment as registered rovisions of all statutes relative to the properties the obligations of my position as registery filed to merely reflect a change in the ompany has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office	ree to act in this ca performance of n provided for in Cl	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is				
hereby accept the appointment as register rovisions of all statutes relative to the prop ccept the obligations of my position as reg eing filed to merely reflect a change in the	ed agent and agr per and complete istered agent as p registered office	ree to act in this ca performance of n provided for in Cl	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is				

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 **Address** Type of Action <u>Title</u> <u>Name</u> Punit Shah MGR 201 N Franklin St 2570 □ Add Tampa, FL 33602 ■ Remove ☐ Change MGR Punit Shah 800 South Harbour Island Blvd **■** Add Tampa, FL 33602 ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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🚉 If the o	date inserted ffective date	I in this bloc	k does no	t meet th	e applica						
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Filing Fee: \$25.00