## 476000076974

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## **COVER LETTER**

Division of Cor			
	TAMPA HOLDINGS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nina Osbahr		
		Name of Person	
	Liberty Group		
		Firm/Company	<del></del>
	800 S Harbour Island Blve	1	
		Address	
	Tampa, FL 33602		
	nosbahr@libertygrouphotel	City/State and Zip Code s.com	
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
Nina Osbahr		813 280-2000 x20	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIBERTY TAMPA HOLDINGS, I			·- <del></del>	
( <u>Name of the Limit</u>	ed Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited L Florida document numberL16000076974	iability Compan	y were filed on 4/19/16	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited lia	bility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liab	sility Company," the designation "L	J.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	800 S Harbour Island Blvd, Tampa. Fl. 33602		
Principal office address MUST BE A STREE	TADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	800 S Harbour Island Blvd,	Tampa, Fl. 33602	
B. If amending the registered agent and registered agent and/or the new registered o	~		rds, enter the name of the name	
Name of New Registered Agent:			<del></del>	
New Registered Office Address:	800 S Harbou		<del> </del>	
		Enter Florida street add	dress	
	Tampa		Florida 33602	
		City	Zip Code	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	PRS1 Manager LLC	201 N Franklin St 2570	
		One Tampa City Center	Remove
		Tampa, FL 33602	Change
MGR	PRS1 Manager LLC	800 S Harbour Island Blvd	<b>⊟</b> Add
		Tampa, FL 33602	□ Remove
			Change
			Add
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an effective Tote: If the	date is listed, the date inserted in	nan the date of date must be specif in this block does on the Departmen	not meet the a	prior to date of the pplicable statute	iing or more inan 90	(optional) days after filing.) Pur ents. this date will	suant to 605,020 not be listed as
		lelayed effecti he record is fi		it not an effe	ctive time, at	12:01 a.m. on	the earlier o
ated Augu	ust 22		2017		· · · · · · · · · · · · · · · · · · ·		
		Signature	o La member o	r authorized repre	sentative of a memb	er	

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Filing Fee: \$25.00