· LIVCCC155783

(Req	juestor's Name)	
(Add	lress)	
(Add	fress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	_	
(Rus	siness Entity Nan	ne)
(503	micss Entry Han	
(Dec	cument Number)	
(500	ament Hamberj	
Certified Copies	Certificates	of Statue
Certified Copies	Certificates	Ol Otatus
Special Instructions to F	filing Officer:	
L		

Office Use Only



300302716933

08/25/17--01021--005 **25.00

17 AUG 25 AH IO: 24 31 July 28 F () GRIDA

> S. WARREN AUG 2 9 2017

COVER LETTER

	Registration Sec Division of Corp			
eup we		d Management LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	ndence 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	s.com to be used for future annual report notific	ation)
For furthe	r information co	oncerning this matter, please ca		
Nina Osb	ahr		813 280-2000 x20	
	Name of	Person	Area Code Daytime	l'elephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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:

TQ:

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

Liberty Fund Management LLC			
(<u>Name of the Limi</u>	ted Liability Comp (A Florida Limited	pany as it now appears on our I Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number <u>L16000155782</u>	iability Compan	y were filed on <u>8/22/16</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	vords "Limited Lial	oility Company." the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		800 S Harbour Island Blvd, Tampa, FL 33602	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		800 S Harbour Island Blvd, Tampa, FL 33602	
B. If amending the registered agent and registered agent and/or the new registered o			ecords, enter the name of the ne
Name of New Registered Agent:			,
New Registered Office Address:	800 S Harbou		
	Enter Florida street address		
	Tampa	City	, Florida 33602 Zip Code
New Registered Agent's Signature, if changing	Registered Agent		гар Соше
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regi	ed agent and ag per and complet	– ree to act in this capacity e performance of my dut	ies, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent-

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited tigbility

company has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
MGR	Punit Shah	201 N Franklin St 2570	□ Add
		PNE TAMPA CAY CENTER Tampa, FL 33602	
			Remove
			Change
MGR Punit Shah	Punit Shah	800 S Harbour Island Blvd	
		Tampa, FL 33602	Remove
			Change
			Add
			Remove
			Change
			□ Adđ
			□ Remove
			□ Change
		<u> </u>	Add
			Gemove
			Add —
			Change

). If am	ending any other inform	nation, enter change(s) here: (Attach ad	dditional sheets, if necessary	.)
				
			 	<u> </u>
				
				<u></u>
				_
(If an c <u>Note</u>	ffective date is listed, the date r : If the date inserted in this	he date of filing: nust be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	(optional) g or more than 90 days after filing, filing requirements, this date) Pursuant to 605.0207 (3)(1 will not be listed as the
	ecord specifies a delay e 90th day after the r	ed effective date, but not an effect ecord is filed.	ive time, at 12:01 a.m.	on the earlier of:
Dated	d August 22	Signature of a member or authorized representation	ntative of a member	17 AUS 25
	Punit Shah		<u></u>	<u> </u>
		Typed or printed name of sign	nee	至二 %

Page 3 of 3

Filing Fee: \$25.00