

M05000002214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

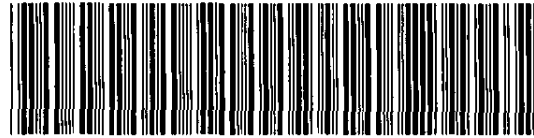
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2015 MAR 26 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
15 MAR 26 PM 4:25

MAR 27 2015
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 565656 4809148
AUTHORIZATION : *Spivey*
COST LIMIT : \$ 25.00

ORDER DATE : March 26, 2015
ORDER TIME : 3:30 PM
ORDER NO. : 565656-035
CUSTOMER NO: 4809148

FOREIGN FILINGS

NAME: CASA MARINA OWNER, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casa Marina Owner, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abigail Hotchkin

Name of Person

Hilton Worldwide, Inc.

Firm/Company

7930 Jones Branch Drive

Address

McLean, VA 22102

City/State and Zip Code

vera.stoicof@hilton.com

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

For further information concerning this matter, please call:

Abigail Hotchkin

Name of Person

at (703) 883-5732

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Casa Marina Owner, LLC
2. The Florida document number of this limited liability company is: M05000002214
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 4/28/2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change in authorized persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Anthony Beovich</u>	<u>501 E. Camino Real</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>Jonathan D Gray</u>	<u>501 E. Camino Real</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>Gary M Summers</u>	<u>501 E. Camino Real</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>William J Stein</u>	<u>501 E. Camino Real</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>Dennis McDonagh</u>	<u>501 E. Camino Real</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change in authorized persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Kenneth A Caplan</u>	<u>501 E. Camino Real</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>Joseph Berger</u>	<u>7930 Jones Branch Drive</u>	<input checked="" type="checkbox"/> Add
		<u>McLean, VA 22102</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Keith Clampet</u>	<u>7930 Jones Branch Drive</u>	<input checked="" type="checkbox"/> Add
		<u>McLean, VA 22102</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>W. Steven Standefer</u>	<u>7930 Jones Branch Drive</u>	<input checked="" type="checkbox"/> Add
		<u>McLean VA 22102</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

W. S. Standefer
Signature of the authorized representative
W. Steven Standefer
Typed or printed name of signee

Filing Fee: \$25.00

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