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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: SHERATON PEOR | IA HOTEL LLC |
| | Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed application, certificate and fee(s) a | are submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| WILLIAM HUSEMAN | |
| Name of Person | Tries in |
| ALENA HOSPITALITY LLC | |
| Firm/Company | |
| 7335 W. SAND LAKE RD. 8 | STE 390 |
| Address | |
| ORLANDO, FL 32819 | |
| City/State and Zip Code | |
| WHUSEMAN@JAXATTYS. | |
| E-mail address: (to be used for future annual i | report notification) |
| D. C. d i. C | alaasa salla |
| For further information concerning this matter, p WILLIAM HUSEMAN | at (904) 591-4822 |
| Name of Person | Area Code & Daytime Telephone Number |
| | |
| STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: | : |
| ■ \$25 Filing Fee U \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

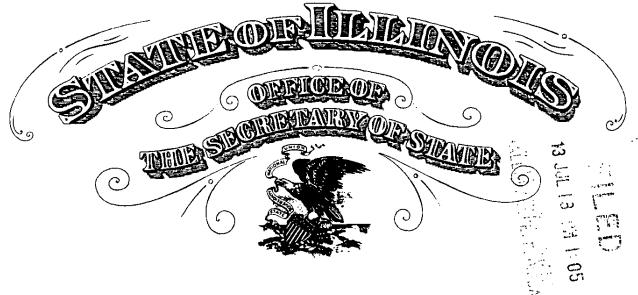
SECTION I (1-3 must be completed)

| 1. | Name of limited liability company as it appears on the records of the Florida Depart State: SHERATON PEORIA HOTEL LLC | ment o | ीं उं |
|-----------|---|-------------------|------------------|
| | ILLINOIS | | F= ,, |
| 2. | Jurisdiction of its organization: ILLINOIS | <u> </u> | |
| | | , | . 🚉 🕻 |
| 3. | Date authorized to do business in Florida: 07/02/2013 | , 10 | <u> </u> |
| | SECTION II (4-7 complete only the applicable changes) | | S011805 |
| | If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 07/19/2013 | · | <u>_</u> |
| _ | 500 HAMILTON PEORIA | LL(| С |
| Э. | New name of the limited liability company: 500 HAMILTON PEORIA (must end with "Limited Liability Company," "L.L.C.," | or "LI | .C.") |
| | | | |
| the or | orida and attach a copy of the written consent of the managers or managing members e alternate name. The alternate name must end with "Limited Liability Company," "L" "LLC.") If the amendment changes the period of duration, indicate new period of duration: | adopt L.C.` | ing ' |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction | : | |
| 8. | If the amendment corrects any false statement, indicate the statement being correction: | ted a | nd the |
| 9. | Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records in the just the law of which this entity is organized. Signature of a member or the authorized representative of a member | ention urisdic | ed etion unde |
| | Atulkumar Patel | | |
| | Typed or printed name of signee | | |

Filing Fee: \$25.00

File Number

0403396-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

500 HAMILTON PEORIA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 19, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1319801488

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH

day of

JULY

A.D.

2013

Desse White

SECRETARY OF STATE