

M98000000268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 DEC -9 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

BK

CT CORPORATION

December 9, 2003

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
03 DEC -9 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5993852 SO
Customer Reference 1: 498150-67
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Ian Schrager Hotel Management LLC (DE)
Evidence of Amendment
Florida

Ian Schrager Hotel Management LLC (DE)
Obtain Document - Misc - Obtain certified copy of name change amendment
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

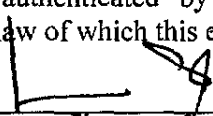
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Ian Schrager Hotel Management LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 3/20/1998

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 7/14/2003
5. New name of the limited liability company: Royalton Hotel Management LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, 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 a member or the authorized
representative of a member

IAN SCHRAGER

Typed or printed name of signee

Filing Fee: \$25.00

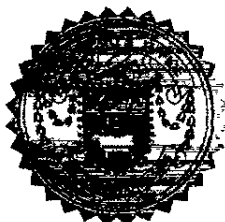
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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "IAN SCHRAGER HOTEL MANAGEMENT LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ROYALTON HOTEL MANAGEMENT LLC", THE FOURTEENTH DAY OF JULY, A.D. 2003, AT 12:49 O'CLOCK P.M.



2764282 8320

030786880

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2795157

DATE: 12-08-03