

To: FL Dept of State
Subject: 000150.125531
Division of Corporations

From: Kim Weidenbach

Wednesday, May 26, 2010 1:18 PM Page: 1 of 4

<http://www.flstate.gov/sos/corps/eefilecover.exe>

A09000000592

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: **000150.125531**
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
SOBE HOTEL MIAMI BEACH LTD**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

RECEIVED
10 MAY 26 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 MAY 26 AM 9:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD Help

MAY 27 2010

EXAMINER

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**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

SOBE HOTEL MIAMI BEACH, LTD

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 17, 2009, assigned Florida document number A09000000592, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

SOBE HOTEL MIAMI BEACH, LLLP

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

N/A

New Mailing Address:
(May be post office box)

N/A

C. 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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	<u>SOBE HOTEL MIAMI BEACH, LLC</u>	<u>1776 Collins Avenue</u> <u>Miami Beach, FL 33239</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>Hyatt Hospitality Group, LLC</u>	<u>1776 Collins Avenue</u> <u>Miami Beach, FL 33239</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☒ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of ALL general partners*: _____

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

SOBE HOTEL MIAMI BEACH GP, LLC

By: _____

Bob Heyat
Its: Manager

Signature(s) of DISSOCIATING general partner(s), if any _____

HEYAT HOSPITALITY GROUP, LLC

By: _____

Bob Heyat
Its: Manager

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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