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To:

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From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135

Phone Fax Number

: (305)789-3200 : (305)789-4137

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

Email Address: crodriguez@dhmhotels.com

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION'S DVI CARDEL WEST PALM BEACH HOTEL, LTD

	<u></u>
Certificate of Status	0
Certified Copy	1
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T. LL.

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Insert name currently on fil		partitiont of State	
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certificate of assigned Flo adopts the following certificate of amendment to	ente was filed v rida document	vith the Fiorida Departr number <u>A14000000366</u>	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the linere:	mited partners	hip or limited liability li	nited partnership
New name must be distinguish	able and contain a	ın acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I			. or LLLP.
B. If amending mailing address and/or princip principal office address here:	oal office addr	ess, enter new mailing	address and/or
New Principal Office Address: (Must be STREET address)			
New Mailing Address: (May be post office box)			
	d office oddress		On the part of the
C. If amending the registered agent and/or registered registered agent and/or the new registered office add	iress here:	s on our records, <u>enter th</u>	e name of the new
			*** )
Name of New Registered Agent:			
New Registered Office Address:			<del></del>
	Enter i	Florida street address	2
		, Florida	
	Ciţv	Zip Co	ode

## 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.

<u>tle</u>	Name	<u>Address</u>	Type of Action
<b>.</b>	DVI Cardel West Palm Beach Hotel GP, LLC	11770 N US Highway 1 Suite 202	□ Add □ Remove
	Doc #L14000109796	North Palm Beach, FL 33408	<del></del>
	DVI Cardel West Palm Beach Hotel GP, LLC Doc #M23000012040	Suite 202 North Palm Beach, FL 33408	
			□ Add □ Remove
		□ Add □ Remove	
		□ Add □ Remove	
			— □ Add □ Remove
			_

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

	change(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the date of filing:	
Effective date cannot be prior to nor more than 90 days a	fter the date this document is filed by the Florida Department of
itage.). Note: If the date inserted in this block does not meet the ap	plicable statutory filing requirements, this date will not
e listed as the document's effective date on the Departme	nt of State's records.
Show the second point of a second sec	Language # .
ignature(s) of a general partner or all genera	
*NOTE: Only one current general partner is required to semoving a "limited liability limited partnership" election selection and adding or removing a "limited liability limited partnership".	sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to signs ship? election statement.
DVI Cardel West Palm Beach Hotel GP, LLC,	
a Delaware limited liability company	By:
	/ · / · /
	73. Ja
Signature(s) of all new or dissociating general	parmeris), it any:
Dissociating General Partner: DVI Cardel West Palm Beach Hotel GP, LLC	
Doc #L14000109796	By:
New General Partner:	
DVI Cardel West Palm Beach Hotel GP, LLC	By:
Doc #M23060012040	
	,
Filing Fee: \$52.50	
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