

A28165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

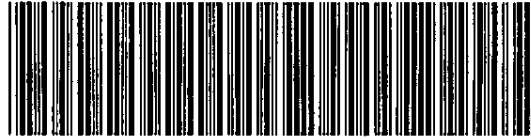
Certified Copies _____ Certificates of Status _____

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B. KOHR



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04/03/13--01004--010 **52.50

FILED
13 APR -3 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 30 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2013

CHRISTINE PABLEO
OLD HOTELS & RESORTS, LP
16000 VENTURA BLVD., SUITE 1010
ENCINO, CA 91436

SUBJECT: OLS HOTELS & RESORTS, LP
Ref. Number: A28165

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OLS HOTELS & RESORTS, LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 413A00007890

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLS Hotels + Resorts, LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Christine Pabico

Contact Person

OLS Hotels + Resorts, LP

Firm/Company

16000 Ventura Blvd., Suite 1010

Address

Encino, CA 91436

City, State and Zip Code

christine@olshotels.com

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

For further information concerning this matter, please call:

Christine Pabico

Name of Contact Person

at (

818

) 905-8280 x 234
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| ☐ \$52.50 Filing Fee | ☐ \$61.25 Filing Fee
and Certificate of
Status | ☐ \$105.00 Filing Fee
and Certified Copy | ☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status |
|---|---|--|---|

STREET ADDRESS:

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

MAILING ADDRESS:

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

FILED
13 APR - 3 AM 10:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP

FILED
13 APR -3 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

OLS HOTELS & RESORTS, LP

2. The jurisdiction of its formation is: NEVADA

3. The date the entity was authorized to transact business in Florida is: 4/5/1989

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

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 L.L.P.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

FITTS LODGING SERVICES, INC.

2711 CENTERVILLE ROAD SUITE 400
WILMINGTON, DE 19808

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

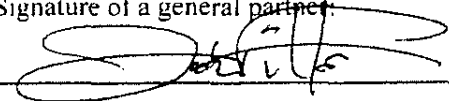
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. 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 of a general partner:



Typed or printed name:

JOHN FITTS

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



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 1
Carson City, Nevada 89701-4520
(775) 684-6708
Website: www.nvsos.gov

091401

**Amendment to a
Limited Partnership**
(PURSUANT TO NRS CHAPTER 87A)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20120004245-00
	Filing Date and Time 01/04/2012 8:00 AM
	Entity Number LP367-1988

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Amendment to Certificate of Limited Partnership
For a Nevada Limited Partnership
(Pursuant to NRS Chapter 87A)

1. Name of limited partnership:
Outrigger Lodging Services Limited Partnership

2. The certificate has been amended as follows: (provide article numbers, if available)*

1. Name of Partnership: OLS Hotels & Resorts, LP

3. Effective date and time of filing: (optional) Date: January 1, 2012 Time: 12:01 a.m.

(must not be later than 90 days after the certificate is filed)

4. Signatures (must be signed by an existing general and by any new general partners being added, if any):

X

Signature (general partner)

X

Signature (general partner)

X

Signature (general partner)

X

Signature (general partner)

* 1) If amending limited partnership name, the new name must contain the words "Limited Partnership," "L.P." or "LP."

2) If adding new general partners, provide name and addresses.

FILING FEE: \$175.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 87A DLP Amendment
Revised: 6-31-11