

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED

10 OCT -6 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
ARCHON HOSPITALITY, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

2010 OCT -6 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A. LUNT

OCT -7 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCHON HOSPITALITY, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Gelting
Contact Person

Archon Group
Firm/Company

6011 Connection Drive
Address

Irving, Texas 75039
City, State and Zip Code

mary.gelting@archon.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Frederick at (214) 932-3685
Name of Contact Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:
ARCHON HOSPITALITY, L.P.

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 02/05/2008

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:
PILLAR HOTELS AND RESORTS, L.P.

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.

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

Name:

Business Address:

Pillar Hotels and Resorts Gen-Par, L.L.C.

6031 Connection Drive
Irving, Texas 75039

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TALLAHASSEE, FLORIDA

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:

By: 
Carson Russell, III, Manager

Typed or printed name:

PILLAR HOTELS AND RESORTS GEN-PAR, L.L.C.

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ARCHON HOSPITALITY, L.P.", CHANGING ITS NAME FROM "ARCHON HOSPITALITY, L.P." TO "PILLAR HOTELS AND RESORTS, L.P.", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2010, AT 11:46 O'CLOCK A.M.

3892171 8100

100942766

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8251917

DATE: 09-27-10