

3/13/2018

Division of Corporations

B9400000259

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 : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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

Email Address: schism@RLJlodgingtrust.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
FELCOR LODGING LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	04
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APR 09 2018
J. HARRIS

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March 14, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FELCOR LODGING LIMITED PARTNERSHIP
545 E. JOHN CARPENTER FWY., SUITE 1300
IRVING, TX 75062

SUBJECT: FELCOR LODGING LIMITED PARTNERSHIP
REF: B94000000259

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FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Dionne M Scott
Regulatory Specialist II

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

2 of 2 See
H18000081509

H18000081509 3

**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: FelCor Lodging Limited Partnership

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: 884000000268

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: July 6, 1994

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 LLLP.

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

Name:

Business Address:

Rangers General Partner, LLC

M18000003346

3 Bethesda Metro Center, Suite 1000

☒ Add
☐ Remove
☐ Change

Bethesda, MD 20814

FELCOR LOGGING TRUST INCORPORATED

125 E. JOHN CARPENTER FWY., SUITE 1800

☐ Add
☒ Remove
☐ Change

IRVING, TX 75062

☐ Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Frédéric McKalip

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

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