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| (Requestor's Name) |
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THE IS ARIL:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 550073 7628966 AUTHORIZATION COST LIMIT ORDER DATE: March 14, 2022 ORDER TIME: 8:39 AM ORDER NO. : 550073-005 CUSTOMER NO: 7628966 DOMESTIC AMENDMENT FILING NAME: PENNSYLVANIA HOTEL ASSOCIATES II LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX_____ PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

| TO: | Registration So Division of Cor | | | |
|-----------------|------------------------------------|--|--|---|
| SUBJE | | nia Hotel Associates II LLC | | |
| V 0202 | <u> </u> | Name of Lim | ited Liability Company | |
| | | Amendment and fee(s) are sub | • | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Felicia Matula | | |
| | | | Name of Person | |
| | | Pinnacle Hotel Manageme | nt Company LLC | |
| | | | Firm/Company | |
| | | 1480 Royal Palm Beach B | Ivd., Suite A | |
| | | | Address | |
| | | Royal Palm Beach, FL 334 | 411 | |
| | | admin@pinnaclehm.com | City/State and Zip Code | |
| | | | to be used for future annual report noti | lication) |
| For furth | er information c | oncerning this matter, please ca | all: | |
| 7 | FE/16/160 Name o | Matula Person | at (<u>SU)</u> <u>242</u> Area Code Daytime | - Tolephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| □ \$ 25. | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Pennsylvania Hotel Associates II LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| | | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 11/21/2006 | and assigned |
| Florida document number L06000112595 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| PA Hotel Partners II, LLC | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" or | |
| Enter new principal offices address, if applicable: | | 27. 27.07. |
| (Principal office address MUST BE A STREET ADDRESS) | | 2022 kg. |
| The second of th | | F10- |
| | | |
| Fatan and an ilian add an if an limbte. | | 7 mag 1 m 2 m |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office | e address an aur recards enter the | name of the new registers |
| agent and/or the new registered office address here: | c address on our records, enter the | thanic of the new registerer |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Floric | ła |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | <u>t:</u> | |
| | | |

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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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------------------|--------------------------------------|----------------|
| AMBR | Ronald E. Franklin | 1480 Royal Palm Beach Blvd., Suite A | = Add |
| | | Royal Palm Beach, FL 33411 | □Remove |
| | | ···· | Change |
| AMBR | Steven J. Fairbanks | 1480 Royal Palm Beach Blvd Suite A | ≅Add |
| | | Royal Palm Beach, FL 33411 | □ Remove |
| | | 1 1. | CChange |
| MGR | Pennsylvania Hotel Investors II,LL | | □Add |
| | | | 2012 Remove |
| | | | ☐ Change |
| | | | Grange |
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| effective e: If the | date is listed, the date e date inserted in thi | must be specific a is block does no | and cannot be p | rior to date of fi | ling or more thar | 90 days after f | iling.) Pursua | int to 605.020 It he listed a |
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