L0900060312

(Requestor's Name)					
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(City/State/Zip/Phone #)					
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11 MAR IL AM DE 05

T. HAMPTON
MAR 1 6 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Wingath Hotels LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Evan J. Humphrey Name of Person						
Firm/Company						
7100 TPC Drive, Suite 500						
Orlando Fl 32822 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Evan J Hummey at 407 432 - 4686 Name of Person at 407 432 - 4686 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)						

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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



RECEIVED

11 MAR 14 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2011

EVAN J HUMPHREY 7100 TPC DR STE 500 ORLANDO, FL 32822

SUBJECT: WINGATE HOTELS, LLC

Ref. Number: L09000090312

We have received your document for WINGATE HOTELS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00005063

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

	OF		11 MAR 14	AM 10+ 05
(Name of the Limited Liabi	Hote Mity Company a da Limited Liab	is at now appears on or		
The Articles of Organization for this Limited Liability Florida document number LOGOOOO	y Company we 3/2	re filed on OT	7/2009	and assigned
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the \mathbb{N}/A	imited liability	company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Company," the	e designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		7/00 TR Orlando	Drive., Fl. 35	Suite 500 822
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- ! -	7100 TRC Crlando	Drive, 191. 32	<u>Sude50</u> 822
B. If amending the registered agent and/or req registered agent and/or the new registered office a		address on our rec	cords, <u>enter the</u>	name of the new
Name of New Registered Agent:	Eva	n J. H	unpher	
New Registered Office Address:	710C	TPC DV Enter Flo	VC, Suit rida street addres.	<u> 500</u>
	Orland	C ity'	_, Florida <u>3</u>	ASAA Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 as provided for in Chapter 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name** Address **Type of Action** Add ☐ Add Remove Add Remove ☐Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated __

Page 2 of 2

Filing Fee: \$25.00