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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Account Number : 071005001001 : (727)441-8966 Phone : (727)442-8470 Fax Number

Enter the email address for this business entity to be used for future : annual report mailings. Enter only one email address please. flarclw@macfar.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAIRFIELD TAMPA HOTEL, LLC

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COVER LETTER

TO

Registration Section
Division of Corporations

SUBJECTS

FAIRFIELD TAMPA HOTEL, 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:

THOMAS C. NASH, II

Name of Person

MACFARLANE FERGUSON & McMULLEN

Firm/Company

625 COURT ST., SUITE 200

Addres

CLEARWATER, FL 33756

City/State and Zip Code

flarclw@macfar.com

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

For further information concerning this matter, please call:

Thomas C. Nash, II

,727、441-8966

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 FAIRFIELD TAMPA HOTEL, LLC

(FAX)727 442 8470

P.003/005

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ARTICLES OF AMENDMENTIN JAN 22 AM 8: 30 TO ARTICLES OF ORGANIZATION ARTICLES OF ORGANIZATION TALL AMASSEE. FLORIDA OF

(Namo of the Limited Liability Compa (A Florida Limited I	lability Company)	<u></u>
The Articles of Organization for this Limited Liability Company Plorida document number L14000009053	were filed on JANUA	ARY 16, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	llity company here:	
he new name must be distinguishable and end with the words "Limited Liab	Ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7780 49th Street	North, #113
Principal office address MUST BE A STREET ADDRESS)	Pinellas Park, FL	. 33781
Inter new mailing address, if applicable:	7780 49th Street	North, #113
Mailing address MAY BE A POST OFFICE BOX)	Pinellas Park, FL	. 33781
7 To	M	
If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the ne
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido street address	
	· · · · · · · · · · · · · · · · · · ·	, Florida
•	City	Zip Code
New Resistered Agent's Signature, if changing Registered 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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> Title Name **MGR** 1995 Ridge Road, Largo, FL 33774 Equity Management Partners, Inc. 7780 49th Street North, #113 **MGR** Palma Hospitality Management, LLC Pinellas Park, FL 33781 □ Remove □ Add _□ Add

		Attach additional sheets, if necessary.)
Fective date, if other than the coffective date must be specific, can a date this document is filed by the F	not be prior to date of receipt or filed o	(optional) date and cannot be more than 90 days after
_{ted} January 22	2014	
	///	(
	Signature of a member of authorize	d representative of a member

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Filing Fee: \$25.00