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 April	14.	2006

SERVICES	C	ORPORATION NAME (S) AND DOCU	MENT NUMBER (S):
(mini Orlando Inn 9, LLC			
Filing Evidence □ Plain/Confirmation C	Сору	Type of Docum ☐ Certificate of Sta	
□ Certified Copy		□ Certificate of Go	od Standing
		□ Articles Only	STATE STATE
Retrieval Request Photocopy		☐ All Charter Docu Articles & Amen ☐ Fictitious Name	
□ Certified Copy		□ Other	
NEW FILINGS		AMENDMENTS]
Profit	X	Amendment	
Non Profit		Resignation of RA Officer/Director	
Limited Liability		Change of Registered Agent	
Domestication		Dissolution/Withdrawal	
Other		Merger	
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OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Reports		Foreign	
Fictitious Name	X	Limited Liability	
Name Reservation		Reinstatement	
Reinstatement		Trademark	
		Other	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida De Gemini Orlando Inn 9, LLC State: Delaware 2. Jurisdiction of its organization: 3. Date authorized to do business in Florida: April 12, 2006 SECTION II (4-7 complete only the applicable changes) 4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 5. New name of the limited liability company: 6. If the amendment changes the period of duration, indicate new period of duration: 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: 8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: The new name and address of the member has been changed to: The Irish Partnership, a Rhode Island limited partnership, 33 Glen Hills Drive, Cranston, RI 02920 9. Attached is an original certificate, no more than 90 days old, 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. ignature of a member or the authorized representative of a member Antónia E. Lopes, Authorized Representative Typed or printed name of signee

Filing Fee: \$25.00