

**M09 00000 5276**

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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MHI/CARLYLE HOTEL LESSEE PROGRAM I, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	05
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15 AUG 21 PM 1:18

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MHI/CARLYLE HOTEL LESSEE PROGRAM I, L.L.C.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Kirkland  
Name of Person

Sotherly Hotels Inc.  
Firm/Company

410 W. Francis St.  
Address

Williamsburg, VA 23185  
City/State and Zip Code

bertkirkland@sotherlyhotels.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Kirkland at (757) 229-5648  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

CR2E053 (12/14)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MHI/CARLYLE HOTEL LESSEE PROGRAM I, L.L.C.
2. The Florida document number of this limited liability company is: M07000005270
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 08/28/2007

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: HOLLYWOOD HOTEL TRS LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida Street Address*

Florida

*City*

*Zip Code*

New Registered 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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.

\_\_\_\_\_  
Signature of the authorized representative

David R. Folsom, Manager  
Typed or printed name of signer

Filing Fee: \$25.00

FILED  
15 AUG 21 AM 8:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MHI/CARLYLE HOTEL LESSEE PROGRAM I, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HOLLYWOOD HOTEL TRS LLC", THE THIRD DAY OF AUGUST, A.D. 2015, AT 10:20 O'CLOCK A.M.


FILED  
15 AUG 21 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2666088

DATE: 08-21-15