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ECRETARY OF STATI

LLAHASSEE, FLORIN

B. KOHR

AUG 1 2 2008

EXAMINER



ON SERVICE COMPANY
ACCOUNT NO. : 072100000032
REFERENCE : 681911 7269909
AUTHORIZATION : Jacob Bloma Per E
COST LIMIT : \$ 25.00
ORDER DATE : August 11, 2008
ORDER TIME : 2:17 PM
ORDER NO. : 681911-005
CUSTOMER NO: 7269909
FOREIGN FILINGS NAME: NORWICH PARTNERS 5 HOTEL FUND LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 2956
EXAMINER ·

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 Department of State: Norwich Partners 5 Hotel Fund LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: December 3, 2007
	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? August 7, 2008
5.	New name of the limited liability company: Norwich Partners 4 Hotel Fund LLC (must end with 'Limited Liability Company, ""L.L.C.," or "LLC.")
Èl the	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
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:
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. Signature of anique or the authorized representative of a member

Filing Fee: \$25.00

Jeffrey P. Cleven, Authorized Representative

Typed or printed name of signee

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NORWICH PARTNERS 5 HOTEL FUND LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NORWICH PARTNERS 4 HOTEL FUND LLC", THE SEVENTH DAY OF AUGUST, A.D. 2008, AT 5:31 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6781702

DATE: 08-08-08

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