

# 11:33:51 From: 8506176833 Page 1 of 1  
**#A13000006273**

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H13000234344 3)))



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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) 222-1092  
Fax Number : (850) 878-5368

Attn: Karen Saly

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

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

RECEIVED  
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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HHL P WINTERHAVEN ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	035
Estimated Charge	\$25.00

①

**\*RE-SUBMIT\***

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850-617-6381

10/24/2013 10:20:54 AM PAGE 1/001 Fax Server



October 24, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HELP WINTERHAVEN ASSOCIATES, LLC  
44 HERSHA DRIVE  
HARRISBURG, PA 17102

SUBJECT: HELP WINTERHAVEN ASSOCIATES, LLC  
REF: M13000006273

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H13000234344  
Letter Number: 013A00024815

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 10/22

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HHLP WINTERHAVEN ASSOCIATES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brett Shade

Name of Person

Hersha Hospitality

Firm/Company

44 Hersha Drive

Address

Harrisburg, PA 17102

City/State and Zip Code

legal@hersha.com

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

For further information concerning this matter, please call:

Kristin VanBuren

Name of Person

at ( 267 ) 238-5029

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:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

FILED  
13 OCT 22 AM 9: 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
HHLP WINTERHAVEN ASSOCIATES, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

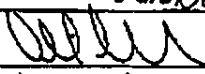
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The entity name was spelled incorrectly.

The entity name is as follows: HHLP WINTER HAVEN ASSOCIATES, LLC

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: October 21, 2013

  
Signature of a member or authorized representative of a member

ASHISH R. PARIKH, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CORRECTION OF "HHLP WINTERHAVEN ASSOCIATES, LLC", CHANGING ITS NAME FROM "HHLP WINTERHAVEN ASSOCIATES, LLC" TO "HHLP WINTER RAVEN ASSOCIATES, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2013, AT 11:33 O'CLOCK A.M.

5407992 8100

131220419

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: 0834650

DATE: 10-23-13

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:40 AM 10/22/2013  
FILED 11:33 AM 10/22/2013  
SRV 131220419 - 5407992 FILE

**State of Delaware  
Certificate of Correction  
of a Limited Liability Company  
to be filed pursuant to Section 18-211(a)**


1. The name of the Limited Liability Company is: \_\_\_\_\_  
HMLP WINTERHAVEN ASSOCIATES, LLC

2. That a Certificate of Formation \_\_\_\_\_ was filed by the Secretary  
of State of Delaware on 10/01/2013, and that said Certificate requires  
correction as permitted by Section 18-211 of the Limited Liability Company Act.

3. The inaccuracy or defect of said Certificate is: (must give specific reason)  
The entity name was spelled incorrectly.

4. The Certificate is hereby corrected to read as follows:  
The entity name is as follows:  
HMLP WINTER HAVEN ASSOCIATES, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 21<sup>st</sup> day of October, A.D. 2013.

By:   
Authorized Person

Name: ASHISH R. PARIKH, Manager  
Print or Type