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:

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Account Number : FCA000000023
Phone : (850) 222-1092
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.

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KECEIVED
4 MAY 13 AM 10: 48
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9 LLAHASSEF PLOBINA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOTEL WEST PALM BEACH GP, L.L.C.

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|------------------------|--------------|---|---|
| SUBJECT: Hotel West Palm Beach GP, L.L.C. | | | | |
| Name of Foreign | Limited Lia | bility Comp | any | • |
| Dear Sir or Madam: | | | | • |
| The enclosed application, certificate and fee(s) a | re submitted | for filing. | | 7. 2 |
| Please return all correspondence concerning this | matter to the | e following: | : | BIN BAY 13 |
| Juan Martinez-Hill | | | | \$ Y |
| Name of Person | | _ | | 1 . · |
| | | | | 10 to |
| Hotel West Palm Beach GP, L.L.C. | | | | |
| Firm/Company | | | | රිමු කි මේ කි |
| , | | | : | |
| 591 West Putnam Avenue | | | | |
| Address | | | | |
| | | | | |
| Greenwich, CT 06830 | | | | |
| City/State and Zip Code | | | | |
| | | | | |
| E-mail address: (to be used for future annual | • | cation) | | |
| For further information concerning this matter, p | slease call: | | | |
| Juan Martinez-Hill | at (203 |) 422-777 | 9 | |
| Name of Person | | de & Daytin | ne Telephone Number | |
| STREET/COURIER ADDRESS: | | MAIL | ING ADDRESS: | |
| Registration Section | | | ration Section | |
| Division of Corporations | | | on of Corporations | |
| Clifton Building 2661 Executive Center Circle | | | ox 6327 assee, Florida 32314 | |
| Tallahassee, Florida 32301 | | 1 dilan | assee, Fj01108 323 (4 | |
| Enclosed is a check for the following amount: \$\sum_\$ \$25 \text{Filing Fee} \sum_\$ \$30 \text{Filing Fee} & Certificate of Status | S\$\$ Fili Certifie | | □ \$60 Filing Fee, Certificate of Stat Certified Copy | us & |
| CR2E055 (12/13) | | | Certified Cohy | |

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

SECTION I (1-3 must be completed)

| | | <i>></i> + | | | | | |
|---------------------|--|--|--|--|--|--|--|
| 1. | Name of limited liability Company as it appears on the records of the Florida Departmer | ્રે <u>"</u> પ્ર ા દિ | | | | | |
| | State: Hotel West Palm Beach GP, L.L.C. | | | | | | |
| | 0.000 | | | | | | |
| | | (a) = - | | | | | |
| 2. | Jurisdiction of its organization: Delaware | <u>رين در</u> | | | | | |
| | | ं _{रे,} । स्क्रिं — म | | | | | |
| | | | | | | | |
| 3. | Date authorized to do business in Florida: April 4, 2014 | ************************************** | | | | | |
| | · · · · · · · · · · · · · · · · · · · | -11 - t co | | | | | |
| SI | ECTION II (4-7 complete only the applicable changes) | (2) (T) (T) | | | | | |
| | | | | | | | |
| 4. | New name of the limited liability company: [must contain "Limited Liability Company," "LLC," or | 4100 | | | | | |
| | (must contain "Limited Lisbility Company, "LLCC, "or LCC.") | | | | | | |
| | | | | | | | |
| $\overline{\alpha}$ | 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 add | | | | | | |
| 1.1 | e alternate name. The alternate name must contain "Limited Liability Company," "L.L.C | hrms | | | | | |
| | "LLC." | , | | | | | |
| O. | LLC.) | | | | | | |
| | If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | | | | | | |
| э. | if the amendment changes the jurisdiction of organization, indicate new jurisdiction. | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| 6 | If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), | indicate | | | | | |
| Ο. | that change: The name, title or capacity and address of the person(s) who has/have authority | | | | | | |
| | that change: The lame, the or capacity and somest of the personal with has have addition. | | | | | | |
| ta | manage are: Ruby Huang, Senior Vice President, 591 West Putnam Avenue, Greenwich, CT 06830 | | | | | | |
| | | | | | | | |
| _ | Surii Shah, Sanior Vice President, 591 West Putnam Avenue, Greenwich, CT 08830 | | | | | | |
| 1 | 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the | | | | | | |
| | aforementioned amendment(s), duly authenticated by the official having custody of reco | ords in the | | | | | |
| | jurisdiction under the law of which this entity is organized. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Signature of the authorized representative | | | | | | |
| | | | | | | | |
| | Jerome C. Silvey | | | | | | |
| | Typed or printed name of signce | | | | | | |
| | A E am an Engine and Mathema | | | | | | |

Filing Fee: \$25.00