

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

m1400008349

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AKERMAN LLP - BOCA
Account Number : I20100000049
Phone : (561) 368-2151
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16 NOV 30 PM 12:37
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TALLAHASSEE, FLORIDA

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

Email Address: Kera.draetta@akerman.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
Z CAPITAL FLORIDA RESORT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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2016 NOV 30 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Z Capital Florida Resort, LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M14000008349

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/11/15

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

5. New name of the limited liability company: Carillon Hotel, 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 officer 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

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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
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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

James J. Zenni, Jr.

Typed or printed name of signee

Filing Fee: \$25.00

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JENNIFER A. WILSON

Delaware

The First State

Page 1

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 AMENDMENT OF "Z CAPITAL FLORIDA RESORT, LLC", CHANGING ITS NAME FROM "Z CAPITAL FLORIDA RESORT, LLC" TO "CARILLON HOTEL, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2016, AT 12:40 O'CLOCK P.M.

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SR# 20166815859

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Jeffrey W. Bullock, Secretary of State

Authentication: 203411318
Date: 11-29-16

2016/11/30 16:41:35 5 /5

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:40 PM 11/29/2016
FILED 12:40 PM 11/29/2016
SR 20166815859 - File Number 5598567

**CERTIFICATE OF AMENDMENT TO THE
CERTIFICATE OF FORMATION OF
Z CAPITAL FLORIDA RESORT, LLC**

*In accordance with the provisions of §18-202 of the
Limited Liability Company Act of the State of Delaware*

The undersigned, being duly authorized to execute and file this Certificate of Amendment to the Certificate of Formation for the purpose of amending the Certificate of Formation pursuant to the Section 18-202 of the Limited Liability Company Act of the State of Delaware, does hereby certify as follows:


FIRST: The name of the limited liability company is Z Capital Florida Resort, LLC (the "Company").

SECOND: The First Article of the Certificate of Formation of the Company shall be deleted in its entirety and amended to read as follows:

FIRST:

The name of the limited liability company is Carillon Hotel, LLC.

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment to the Certificate of Formation on this 28th of November, 2016.


Name: James J. Zenni, Jr.
Title: Authorized Person

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TALLAHASSEE, FLORIDA

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