

MO 60000 6960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

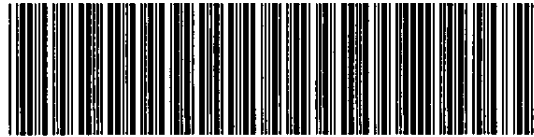
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J

Office Use Only



200295531102

02/22/17--01020--022 **60.00

2017 FEB 22 PM 3:25

17 FEB 22 PM 3:25

FILED



February 21, 2017

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

Re: Application By Foreign Limited Liability Company – Amendment

Dear Secretary:

Enclosed is an Amendment to Certificate of Authority to Transact Business in Florida for filing on behalf of the following entities:

WoodSpring Suites Pensacola Detroit LLC
Value Place Pensacola LLC

Also enclosed is a copy of the Amended and Restated Articles as certified by the Kansas Secretary of State for each entity.

We have enclosed our check in the amount of \$60.00 for payment of the filing fees and certificates of status.

We have enclosed a FedEx label for your convenience in returning the documents to our office. If you have any questions, please contact me. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Fowler".

Leslie Fowler
Real Estate Paralegal
(316) 631-1369

Enclosures

It's Simple. Done Better.SM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WoodSpring Suites Pensacola Detroit LLC
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:

Leslie Fowler

Name of Person

WoodSpring Hotels

Firm/Company

8621 E 21st Street North, Ste. 200

Address

Wichita, KS 67206

City/State and Zip Code

tlies@woodspring.com

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

For further information concerning this matter, please call:

Leslie Fowler at (316) 631-1369

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:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: WoodSpring Suites Pensacola Detroit 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: M06000006960

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: December 13, 2006

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

5. New name of the limited liability company: WoodSpring Suites Pensacola Northwest 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.

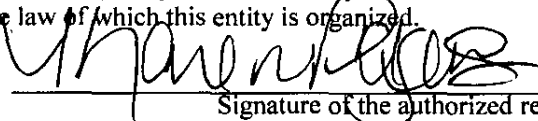
If Changing Registered Agent, Signature of New Registered Agent

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

Karen Pickens

Typed or printed name of signee

Filing Fee: \$25.00

KRIS W. KOBACH
Secretary of State



Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-4564

STATE OF KANSAS

January 23, 2017

LESLIE FOWLER
WOODSPRING HOTELS
8621 E 21ST STREET N
SUITE 250
WICHITA KS 67206

RE: WOODSPRING SUITES PENSACOLA NORTHWEST LLC

ID #: 613-917-4

A certified copy of the document that you recently filed in the Corporations Division of our office is enclosed.

Every limited liability company in Kansas is assigned an identification number. Use of this number in any correspondence with our office will give us immediate access to your file and enable us to offer you faster, more efficient service. Your limited liability company identification number is at the top of this letter.

mm

613-917-4

KANSAS SECRETARY OF STATE

File Stamp Cover Page

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

3773 06
053 003
\$35.00

FILED BY KS SOS
01-23-2017
1 04:48:30 PM
FILE#: 6139174



04658196

We were unable to attach a file stamp on the original document. The file stamp provides the business entity identification number, date and time filed with the Kansas Secretary of State.

The stamp confirms your document was filed. We recommend keeping it with the document.



**KANSAS SECRETARY OF STATE
Limited Liability Company
Certificate of Amendment**

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

1. Business entity ID number

Not Federal Employer ID Number (FEIN).

6139174

2. Name of limited liability company

Must match name on record with Secretary of State.

WoodSpring Suites Pensacola Detroit LLC

3. The limited liability company amends its articles of organization as follows:

See Attached.

4. Future Effective date

Must be within 90 days of filing date.

☒ Upon filing

☐ Future effective date:

Month

Day

Year

5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Person

Name of Signer (printed or typed)

Karen Pickens

Phone Number

(316) 630-5544

Month

01

Day

10

Year

2017

SECOND AMENDED AND RESTATED ARTICLES OF ORGANIZATION

OF

WOODSPRING SUITES PENSACOLA DETROIT LLC

A LIMITED LIABILITY COMPANY

(WoodSpring Suites Pensacola Detroit LLC was originally
Organized by the filing of its Articles of Organization with
The Kansas Secretary of State on November 17, 2006)

IT IS HEREBY CERTIFIED that the following Second Amended and Restated Articles of Organization of WoodSpring Suites Pensacola Detroit LLC (the "Company") which amends and restates the Company's Articles of Organization, as originally filed and subsequently amended, were duly set forth, proposed, and approved, in accordance with the provisions of the Company's Operating Agreement and Revised Kansas Limited Liability Act and amendments thereto (the "Act"), and that these Second Amended and Restated Articles of Organization constitutes all of the Articles of Organization of the Company and does hereby supersede the company's First Amended and Restated Articles of Organization as filed. These Second Amended and Restated Articles of Organization have been duly executed and filed in accordance with K.S.A. 17-7680 and 17-7678.

The name of the Limited Liability Company

The name of the limited liability company formed hereby is WoodSpring Suites Pensacola Northwest LLC.

Registered Office and Resident Agent in Kansas

The address of the Company's registered agent in the State of Kansas is 8621 E. 21st Street North, Suite 200, Wichita, KS 67206. The name of the resident agent at such address is Karen Pickens.

Mailing address for official mail

The mailing address of the Company's official mail in the State of Kansas is Karen Pickens at 8621 E. 21st Street North, Suite 200, Wichita, KS 67206.

IN WITNESS WHEREOF, the undersigned has hereunto subscribed her name on this 10th day of

January, 2017.


Karen Pickens



I hereby certify this to be a true and
correct copy of the original on file.
Certified on this date: January 23, 2017
KRIS W. KOBACH
Secretary of State 